

The Department of Vermont Health Access Medical Policy

Subject: Ambulatory Assistive Devices

Last Review: April 3, 2014

Revision 3: May 28, 2013

Revision 2: June 4, 2012

Revision 1: January 28, 2011

Original Effective: 2004

Technical Revision: September 8, 2009

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 wider or narrower 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 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 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. Certain walkers, including "gait trainers" can also provide support through the trunk or through the pelvic area via use of a seat or pelvic sling. Gait trainers typically have multiple positioning and support options that can be removed or added should the user's ambulatory abilities change. There are also walkers that provide weight bearing through the knee for individuals who cannot weight bear through the foot, including those individuals with a below-knee amputation. There are advanced forms of walkers that include a hinged component to assist in attaining a reciprocating gait, walkers that include an orthotic component, and walkers that include electronics to enhance gait.

Enhancement accessories are described by Medicare as those which do not contribute significantly to the therapeutic function of the device, such as custom style, color, or basket attachment.



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 his/her scope of practice 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 patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility related activities of daily living (MRADLs) AND
- Who meet the clinical guidelines below.

Coverage Guidelines

Ambulatory assistive devices may be covered for beneficiaries who 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
- The beneficiary is able to safely use the device AND
- Per Medicare's 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 conservation 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/ reliance on the device AND
- The determination of the appropriate ambulatory assistive device must be made by a practitioner skilled in the evaluation and analysis of mobility dysfunction, such as a physical therapist or physiatrist.

- **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 individuals with moderate to severe gait and balance dysfunction. A single crutch is covered for individuals 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 individuals 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 types 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.
 - Reciprocal walkers are covered for beneficiaries who are able to utilize a reciprocal gait pattern for ambulation and are able to physically 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 individuals who are unable to bear weight through one leg.
 - 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 individuals who require a high degree of movement control from the walker (for example, individuals with severe spasticity).
 - Enclosed frame walkers are covered for individuals who have severe endurance deficits, resulting in a need for frequent or constant sitting while using the walker. They also are covered for individuals with such severe flexion contractures of the lower extremities that standing upright is not feasible. Certain enclosed frame walkers accept positioning components for individuals 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.

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 (expected to last at least 5 years.)

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

- Enhancement accessories
- 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.

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Appendix A:

Addition to Provider Manual: Ambulatory Assistive Aids

The codes in column 2 cannot be billed with the base codes in column 1.

Column 1	Column 2
Ambulatory Aid Base Code	Component Code
E0100, E0105	, A4636, A4637
E0110-E0118	A4635, A4636, A4637
Walker Base Code	Component Code
E0130	A4636, A4637
E0135	A4636, A4637
E0140	A4636, A4637, E0155, E0159
E0141	A4636, A4637, E0155, E0159
E0143	A4636, A4637, E0155, E0159
E0144	A4636, A4637, E0155, E0156, E0159
E0147	A4636, E0155, E0159
E0148	A4636, A4637
E0149	A4636, A4637, E0155, E0159
E8000	All components/accessories
E8001	All components/accessories
E8002	All components/accessories

This document has been classified as public information.