

The Department of Vermont Health Access Clinical Criteria

Subject: Ambulatory Assistive Devices

Last Review: July 26, 2023*

Past Revisions: April 5, 2022; June 9, 2020, April 4, 2017, March 29, 2016, April 21, 2015, April 3, 2014, May 28, 2013, June 4, 2012, January 28, 2011, September 8, 2009, and 2004.

***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 member's weight, and must have a non-skid tip on each leg. Ice grippers can be attached to most canes for use in icy conditions.

Walking sticks or Poles: Devices used to assist with support and balance during ambulation. They are designed for either bilateral or unilateral use. The devices are taller than a cane, with the opportunity to grip at a variety of heights. Devices may have pointed bases for traction on uneven terrain such as outdoor use, or a non-skid tip for indoor use. The device may promote more upright posture due to the ability to grasp it at various heights.

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 member's weight, and must have non-skid tips on each leg. Ice grippers can be attached to most crutches for use in icy conditions.

Hemi walker: A 4-legged device, actually a type of cane, that has a wide base of support. It is for unilateral use.

Knee walker: Also called a knee scooter: a 4 wheeled device with a platform to support the knee and anterior shin. It has a tiller system for steering. The device is designed to prevent unilateral weightbearing through the foot. The unimpaired foot propels the device. The primary use of the device is for short term use post ankle or foot injury.

Walker: A 3-4 legged or wheeled device used to assist with support and balance during ambulation. 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. The skills of a physical therapist are required to determine the particular type of walker and accessories required other than for a basic walker.

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
- anterior or posterior configuration
- mounts for speech generating devices or other medically necessary equipment

Enhancement accessories that do not clearly demonstrate medical necessity include:

- custom style or color
- basket attachment.

Gait trainers are differentiated from walkers in that they include positioning and support options that can be removed or added as the user's ambulatory abilities change. The skills of a physical therapist are required to determine the particular type of gait trainer and accessories required. Gait trainers are currently the only ambulatory assistive aids that require prior authorization due to complexity and potential for imminent harm. They can also include:

- specialized braking or wheel control systems
- anterior or posterior configuration
- mounts for speech generating devices or other medically necessary equipment
- Postural support components

The gait trainer codes are included in the imminent harm list, located at:

<https://dvha.vermont.gov/COVID-19%20Prior%20Authorization%20Changes>

Disclaimer

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

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at

<https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services

- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

Coverage Position

An ambulatory assistive device may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding orthopedics, neurology, physiatry and/or gerontology/pediatrics and is skilled in the analysis of gait, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

Ambulatory assistive devices may be covered for members 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 member's mobility requirements, AND
- The member is able to safely use the device, AND
- 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 to achieve MRADLs, to exit the home in case of emergency, and to access 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 members 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." Tips and hand grips are included in the base code. Ice grippers are not included in the base code.
- **Crutches** are covered for members with moderate gait and balance dysfunction. A single crutch is covered for members with unilateral dysfunction who require more stability than a cane offers. Axillary crutches are generally less expensive than forearm crutches, but

may not be appropriate for individuals with thoracic discomfort or where breast tissue impacts the use of axillary crutches. Incorrect use of axial crutches may result in brachial plexus injury. Forearm crutches are covered for individuals who cannot comfortably use axillary crutches. Platform crutches are covered for members who cannot bear weight through the wrists/hands and must be supported through the forearms instead. Crutches with rocker bottoms or springs are generally more expensive and may require more skill to use effectively than standard crutches. Medical necessity documentation from a medical practitioner skilled in gait analysis is required to demonstrate justification of higher-level crutches. Tips, hand grips, and axillary pads are included in the base code. Ice grippers are not included in the base code.

- **Hands-free crutches** are similar to a knee walker without wheels. They support the distal aspect of the leg and have a crutch tip base. The benefit of this device is that it does not require the member to use upper extremity support. This is particularly useful for individuals with upper extremity injuries that preclude weight bearing. This device requires considerable balance and dexterity to use safely.
- **Knee walkers** are covered for members with unilateral non-weight bearing precautions when it has been determined by a physical therapist that the member is physically unable to use crutches or a walker to maintain non-weight bearing status. Knee walkers are much more expensive than crutches or a walker and provide no additional support. This device requires a higher level of balance and coordination than a walker.
- **Unloading braces:** Certain types of unloading braces have a crutch tip at the base of the brace, with a brace configuration that raises the foot above the weight bearing surface. The benefit of this device is that it does not require the member to use upper extremity support. This is particularly useful for members with upper extremity injuries that preclude weightbearing, as an alternative to wheelchair use. This device requires considerable balance and dexterity to use safely.
- **Walkers** are covered for members 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 member in terms of positioning or endurance (for example, a platform attachment, or a seat). Documentation describing the medical necessity of each component is required.
- **Special Types of Walkers:** these devices are covered for members who meet all the criteria for walkers AND meet the following conditions for a special type of walker:
 - **Folding walkers** are covered for members who must travel frequently to medical appointments and who demonstrate a need for a folding walker for safe transport.

- **Reciprocating walkers** are covered for members 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 members 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 members 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 OR are able to realize a more normalized gait without a compromise in their safety. These conditions also apply to walkers with glider attachments.
- **Heavy duty walkers** are covered for members who weigh more than 300 pounds, or if the member 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 members who require a high degree of movement control from the walker (for example, individuals with severe spasticity).
- **Enclosed frame walkers** are covered for members who have severe endurance deficits, resulting in a need for frequent or constant sitting while using the walker. They also are covered for members with such severe flexion contractures of the lower extremities that standing upright is not feasible.
- **Gait trainers** are a type of enclosed frame walker, which are constructed to accommodate growth, support, and positioning. They are covered for members who require more support than a walker. The support may be anterior, posterior, or upright. The accessories must be removable to allow for changes in ambulatory abilities. All accessories and components are included within the gait trainer procedure code.

Note that ambulatory assistive devices can result in a higher level of exertion than ambulation without a device. Also, an incorrect ambulatory assistive device may slow or prevent a member from achieving improved walking speed or a more natural gait pattern. A skilled assessment is important, to determine if the benefits of using the device outweigh the issues that may result from its use.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically

necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

- When the device has been outgrown, OR
- When the device no longer meets the medical needs of the member, OR
- When the device is no longer functional through normal wear and tear. Please see the DVHA DME Limitations list for the life expectancy of each device, located at: <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>

Type of service or procedure covered

One device, or one pair of crutches, that meets the medical need of the member as determined by the physical therapist or physician/**advanced practice provider** as described above.

Replacement device(s) is covered when:

- The device is no longer functional through normal wear and tear or when the useful lifetime has been reached (HCAR Rule 4.209). See the DME limitation list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>.

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

- Enhancement accessories that do not clearly demonstrate medical necessity
- Multiple devices for convenience purposes
- Provision of the device without proper fitting and gait training
- Provision of a device where the place of use is at school and not primarily in the home/community. In this situation, the school must purchase the device and may petition for Medicaid coverage through the Agency of Education. In this situation, the school is the owner of the device.
- Provision of a more expensive device when a less expensive device would meet the medical need. For example, a knee walker when crutches are equally effective.

Coding guidelines

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 (p. 10) for specifics.

Supplying providers must not use generic procedure codes to request ambulatory assistive devices because these devices have specific codes.

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

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This document has been classified as public information.

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	A4635, 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

From Centers from Medicare and Medicaid Services Local Coverage Determination L33733 and L33791 (<https://www.cms.gov/medicare-coverage-database/search.aspx>)