Cane, Crutches, & Walker Coverage Guidelines

Origination: 2/16/05	**Revised:** 8/25/16	**Annual Review:** 11/10/16

Purpose:

- To provide canes, crutches and walkers guidelines for the Medical Department staff to reference when making benefit determinations;
- To classify canes, crutches and walkers as durable medical equipment (DME);
- To communicate that the purchase of a cane, crutches and/or walker is subject to coverage criteria and the durable medical equipment benefit limitation.

Compliance Status

- Centers for Medicare & Medicaid Services (CMS) *CMS Manual Pub 100-03 Medicare National Coverage Determinations, Transmittal 37; June 3, 2005, Change Request 3791, Mobility Assistive Equipment*

Definition

- A heavy-duty walker (i.e., E0148, E0149) capable of supporting more than 300 pounds and labeled as such.

Coverage Guidelines

1.0 Canes (i.e., E0100, E0105) are covered when prescribed by an independent practitioner for a Member with a condition causing impaired ambulation and there is a potential for ambulation.

2.0 Crutches (i.e., E0110 - E0116) are covered when prescribed by an independent practitioner for a Member with a condition causing impaired ambulation and there is a potential for ambulation.

3.0 A standard walker (E0130, E0135, E0141, E0143) and related accessories are covered if all of the following criteria (1-3) are met:

1) The Member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home. A mobility limitation is one (1) that:
   a) Prevents the Member from accomplishing the MRADL entirely, **or**
   b) Places the Member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, **or**
   c) Prevents the Member from completing the MRADL within a reasonable time frame;
   and
2) The Member is able to safely use the walker; **and**
3) The functional mobility deficit can be sufficiently resolved with use of a walker.

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4.0 A heavy-duty walker is covered for Members who meet **both**:
- 4.1 Criteria for a standard walker; **and**
- 4.2 Member's weight exceeds 300 pounds.

5.0 A heavy-duty, multiple braking system, variable wheel resistance walker (i.e., E0147) is covered for Members that meet **both**:
- 5.1 Criteria for a standard walker; **and**
- 5.2 The inability to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one (1) hand.

6.0 Member must be eligible for this benefit.

Exclusion Criterion

- A folding wheeled walker, which has a frame that completely surrounds the Member and an attached seat in the back (i.e., E0144), **is not covered**.

Reference:

1. Medicare Coverage Guidelines, NCD 280.1 – Durable Medical Equipment; 2007.

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.