Ambulatory Assistance Devices

Disclaimer:
Please note that Baptist Health Plan Coverage Guidelines are updated throughout the year. A printed version may not be most up to date version available. The health plan reserves the right to review and update this policy as needed. Refer to the website to ascertain that you are utilizing the most current available version. Clinical guideline policies are not intended to serve as treatment guidelines or treatment recommendation. Treating providers must use their own clinical judgment in rendering care to their patient population.

For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern. In addition, coverage for Medicare Advantage members may differ. This is a result of applicable coverage statements by the Center for Medicare and Medicaid Services (CMS). The National Coverage Determinations, Local Coverage Determinations, and Local Medical Review Policies may be found at the CMS website, http://www.cms.gov. Please note that for all plans, the member’s health plan benefits that are in effect on the rendered date of service must be used in coverage determinations.

DEFINITION

The term Ambulatory Assistance Device includes but is not limited to, canes, walkers, crutches, and the accessories required for the safe and effective use of those items. Ambulatory Assistance Devices are considered Durable Medical Equipment (DME).

DME meets all of the following criteria:¹

- It is durable (long-lasting), and
- Used for a medical reason, and
- Not usually useful to someone who isn’t sick or injured, and
- Is used in the Member’s home, and
- The item has an expected life-time of at least 3-years, and
- Is prescribed by a physician

The term mobility-related activities of daily living (MRADL) includes toileting, feeding, grooming, dressing, and bathing in the locations of the home designed for those activities.²

A mobility limitation is one that:

- Prevents the Member from accomplishing the MRADL entirely; or

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• Places the Member at a reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
• Prevents the Member from completing the MRADL within a reasonable time frame.

**COVERAGE CRITERIA**

Medically necessary ambulatory assistance devices include:

- **A standard cane or standard crutches when** all of the following criteria are met:
  - The Member has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADL in the home; and
  - The Member is able to safely use the cane or crutch; and
  - The functional mobility deficit can be sufficiently resolved by use of a cane or crutch.

- **A standard walker** and any medically necessary accessories when all the following criteria are met:
  - The Member has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADL in the home, and
  - The Member is able to safely use a walker, and
  - A walker is able to sufficiently resolve the mobility deficit.

- **A heavy-duty walker** for a Member who meets the criteria for a standard walker and weighs more than 300 pounds.

- **A heavy-duty, multiple braking system, variable resistance walker** for a Member who meets the criteria for a standard walker but cannot use a standard walker due to a disorder or condition that restricts the use of one hand. Obesity alone is not a medically necessary reason for a heavy-duty, multiple braking system, variable resistance walker.

- **A walker with trunk support** such as a KidWalk Gait Mobility System, Rifton Gait Pacer and Mulholland Walkabout for a Member who meets the criteria for a standard walker and has documentation in the medical record justifying the medical necessity for the special features.

- **A knee crutch/hands free walker** such as a Turning Leg Caddy, Roll-A-Bout walker, Rolleraid™, or the iWalkFree™ for a Member with below-the-knee injuries or surgery when crutches, standard walkers, or other standard ambulatory assistance devices cannot be used.

- The following ambulatory assistance device accessories are considered medically necessary when criteria are satisfied:
  - **Leg extensions for walkers** for Members who are at least six feet tall
  - **Arm-rest attachments** for Members whose ability to grip is impaired
  - **Tips and Pads** for canes, crutches, and walkers to prevent skidding or to provide comfort to the part(s) of the body that come in contact with the ambulatory assistance device.
Ambulatory Assistance Devices
06/01/16, 12/16/15; 11/01/12; 05/11/07

Replacement of DME that is lost or stolen, or replacement or repair of equipment that is broken by abuse or lack of maintenance is considered a Benefit Exclusion, and will not be authorized by the Health Plan.

The following items do not meet the definition of medically necessary in the Member’s Certificate of Coverage:

- Articulated, spring assisted crutch
- Baskets, trays, cup holders or other convenience items
- Bicycles
- Duplicate equipment
- Enhanced* walker accessories such as color or style (*An enhanced accessory is one that does not contribute to the therapeutic function of an ambulatory assistance device.)
- Hand-operated brakes other than those on the heavy-duty, multiple braking system, variable resistance walker
- Stair gliders
- Standard strollers
- Tricycles
- Walker with an enclosed frame
- Walking belts

MEDICAL BACKGROUND

Over 6.8 million Americans use assistive devices to help them with mobility, including canes, walkers, and crutches. Among adults older than 65 years, 10% use canes and 4.6% use walkers.

Ambulatory assistance devices are used to increase a patient's base of support, improve balance, and increase activity and independence. Patients using these devices have reported improved confidence and a feeling of safety. Also there may be physiologic benefits such as improved cardiorespiratory function, enhanced circulation, and prevention of osteoporosis. However, assistive devices have been associated with injuries and falls and repetitive stress on upper extremity joints can cause tendinopathy, osteoarthritis, and carpal tunnel syndrome. More high-quality studies are required to evaluate the impact of specific assistive devices on mobility outcomes.

Using a cane or walker requires some thought and some brief instruction from either the Member’s health-care professional or from the sales person where the appliance was purchased. A cane should be held on your “good” side providing support to the opposite lower limb (on the “bad” side). When walking, the cane and the “bad” leg should be brought forward at the same time. Walkers also require instructions, and walker, canes, and crutches must be
adjusted to the height of the Member to be safe and effective.⁸

REGULATORY INFORMATION

Kentucky – No legislative mandates were found for coverage of ambulatory assistance devices.
Indiana – No legislative mandates were found for coverage of ambulatory assistance devices.
Tennessee – No legislative mandates were found for coverage of ambulatory assistance devices.

Baptist Health Plan Coverage Guidelines are created to provide members and providers with peer-reviewed, current medical information.
State and federal laws/mandates and contract language have priority over Coverage Guidelines and must be taken into consideration before eligibility for coverage is determined.
Baptist Health Plan Coverage Guidelines may or may not mirror Centers for Medicare & Medicaid Services benefits or coverage offered by any other health insurance company.

COVERAGE DETAIL

For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.

<table>
<thead>
<tr>
<th>HCPC® Codes</th>
<th>Description</th>
<th>Coverage Information</th>
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<tbody>
<tr>
<td>A4635</td>
<td>Underarm pad, crutch, replacement, each</td>
<td>Is medically necessary when criteria are met</td>
</tr>
<tr>
<td>A4636</td>
<td>Replacement handgrip, cane, crutch, or walker, each</td>
<td>Is medically necessary when criteria are met</td>
</tr>
<tr>
<td>A4637</td>
<td>Replacement tip, cane, crutch, or walker, each</td>
<td>Is medically necessary when criteria are met</td>
</tr>
<tr>
<td>E0100</td>
<td>Cane, includes canes of all materials, adjustable or fixed with tip</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0105</td>
<td>Cane, Quad or three prong, includes canes of all materials, adjustable or fixed, with tip</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0110</td>
<td>Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0111</td>
<td>Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0112</td>
<td>Crutches, underarm, wood, adjustable or fixed, each, with tip and handgrip</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0113</td>
<td>Crutch, underarm, wood, adjustable or fixed, pair, with tips and handgrips</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0114</td>
<td>Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0116</td>
<td>Crutch, underarm, other than wood, adjustable or fixed with pad, tip, handgrip, with or without shock absorber, each</td>
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<tr>
<td>E0117</td>
<td>Underarm articulating, spring-assisted crutch</td>
<td>Is not currently considered medically necessary or is considered experimental / investigational</td>
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<tr>
<td>E0118</td>
<td>Crutch, substitute, lower leg platform, with or without wheels, each</td>
<td>Is not currently considered medically necessary or is considered experimental / investigational</td>
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<td>E0130</td>
<td>Walker, rigid (pickup), adjustable or fixed height</td>
<td>Is medically necessary when criteria are met</td>
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<td>E0135</td>
<td>Walker, folding (pickup), adjustable or fixed height</td>
<td>Is medically necessary when criteria are met</td>
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<td>E140</td>
<td>Walker, with trunk support, adjustable or fixed height</td>
<td>Is medically necessary when criteria are met</td>
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<td>E0141</td>
<td>Walker, rigid, wheeled, adjustable or fixed height</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0143</td>
<td>Walker, folding, wheeled, adjustable or fixed height</td>
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<tr>
<td>E0144</td>
<td>Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat</td>
<td>Is not currently considered medically necessary or is considered experimental / investigational</td>
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<td>HCPC® Codes</td>
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<td>E0147</td>
<td>Walker, heavy-duty, multiple braking system, variable wheel resistance</td>
<td>experimental / investigational</td>
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<td>E0148</td>
<td>Walker, heavy duty, without wheels, rigid or folding, any type, each</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E0149</td>
<td>Walker, heavy duty, wheeled, rigid or folding, any type</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E1031</td>
<td>Rollabout chair, any and all types with castors 5 in or greater</td>
<td>Is not currently considered medically necessary or is considered experimental / investigational</td>
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<tr>
<td>E8000</td>
<td>Gait trainer, pediatric size, posterior support, includes all accessories and components</td>
<td>Is medically necessary when criteria are met</td>
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<tr>
<td>E8001</td>
<td>Gait trainer, pediatric size, upright support, includes all accessories and components</td>
<td>Is medically necessary when criteria are met</td>
</tr>
<tr>
<td>E8002</td>
<td>Gait trainer, pediatric size, upright support, includes all accessories and components</td>
<td>Is medically necessary when criteria are met</td>
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**REFERENCES**

