Sentara® Health Plans

Commercial

Ambulatory Devices, DME 40

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Effective Date	06/2013
Next Review Date	04/2024
Coverage Policy	DME 40
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses Ambulatory Devices and their accessories.

Description & Definitions:

Ambulatory Devices are mechanical aids and assistive devices which help support an individual for upright walking.

Criteria:

Ambulatory Devices are considered medically necessary for **1 or more of the following:**

Ambulatory Devices are NOT COVERED for ANY of the following:

- Autoambulators
- Axillary (under-arm), articulated, spring-assisted crutches
- Standard strollers
- Tricycles
- Wearable freezing of gait detection system for assisting walking of individuals with Parkinson's disease.

There is insufficient scientific evidence to support the medical necessity of the following services as they are not shown to improve health outcomes upon technology review:

- Autoambulators
- Axillary (under-arm), articulated, spring-assisted crutches
- Standard strollers
- Tricycles
- Wearable freezing of gait detection system for assisting walking of individuals with Parkinson's disease
- Battery Powered Walker

There is insufficient scientific evidence to support the medical necessity of ambulatory devices for uses other than those listed in the clinical indications for procedure section.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
E0117	Crutch, underarm, articulating, spring assisted, each
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E1399	Durable medical equipment, miscellaneous

Document History:

Revised Dates:

- 2024: April - Removed indications in favor of MCG guidelines. Updated references. Adding E0152 to non-covered. Removing E0147, E0144, E8000, E8001, E8002
- 2021: April, November
- 2020: November
- 2019: September
- 2015: January, March, August, December
- 2014: October
- 2013: November

Reviewed Dates:

- 2023: April
- 2022: April
- 2018: April
- 2017: January
- 2015: July

Effective Date: June 2013

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023, Sep 21). Retrieved Apr 03, 2024, from MCG: https://careweb.careguidelines.com/ed27/index.html

(2024). Retrieved Apr 04, 2024, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Walker%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522

Durable Medical Equipment. (2023). Retrieved Apr 04, 2024, from Department of Medical Assistance Services - MES Public Portal:

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dmas.virginia.gov%2Fmedia%2F5639%2Fappendix-b-21-excel-version-with-all-categories-of-appendix-b-january-2023.xlsx&wdOrigin=BROWSELINK

George, C. L., & Ryan, J. (2020, Nov 18). The use and perception of support walkers for children with disabilities: a United Kingdom survey. Retrieved Apr 04, 2024, from PubMed: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7672809/

LCD: Canes and Crutches (L33733). (2020, Jan 01). Retrieved Apr 03, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33733&ver=19&

LCD: Walkers (L33791). (2020, Jan 01). Retrieved Apr 03, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33791&ver=15&keyword=Walkers&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Mobility Walkers and Rollators. (2024). Retrieved Apr 04, 2024, from Modern DME: https://moderndme.com/collections/walkers

NCD: Mobility Assistive Equipment (MAE) (280.3). (2005, May 05). Retrieved Apr 03, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=219&ncdver=2&

Part 890 - Physical Medicine Devices. (2023, Dec 22). Retrieved Apr 04, 2024, from Code of Federal Regulations: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=890

Walkers, Standers and Canes. (2024). Retrieved Apr 04, 2024, from Cerebral Palsy: https://www.cerebralpalsy.org/information/mobility/walkers-standers

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.
We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

Walker, leg extensions, arm rests, gait trainers, mobility system, impaired ambulation, DME 40, SHP durable medical equipment, Standard walkers, Heavy-duty walkers, Heavy-duty multiple braking system, Leg extensions, arm rests, Roll-a-bout walkers, Turning leg caddy knee walkers, Rifton Gait Trainers, Pacer Gait Trainers, Mulholland Walkabouts, KidWalk Gait Mobility Systems , Therapeutic ambulatory orthotic systems, TAOS