

Ambulatory Devices

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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.

Walker/ Heavy-duty multiple braking system, variable wheel resistance walkers – a device with four-legged frame to provide support for walking with or without brakes used for individuals to assist with ambulation.

Kneeling Walkers/Rolling Knee Walkers/Kneeling Crutch/ Knee Walkers - (e.g., Roll-A-Bout Walker, Rolleraid, Turning Leg Caddy) or a kneeling crutch (e.g., iWALKFree]

Gait trainers (eg Rifton, Pacer, Mulholland Walkabouts, KidWalk Gait Mobility System) – a device allowing individual to use legs freely and adds back support, also known as a rollator or standup wheelchair.

Walker with trunk support is described as a device with a frame and back support provided for adults, also called a walkabout or standup wheelchair.

Therapeutic ambulatory orthotic systems (TAOS) – Is an orthotic device worn on the outside of clothes that supports the body to assist with hands-free ambulation.

Criteria:

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

- Axillary (under-arm), articulated, spring-assisted crutches
- Enclosed frame walker (Walker with enclosed frame)
- Heavy-duty multiple braking system, variable wheel resistance walkers are considered medically necessary with **all of the following:**
 - Individual has a medical condition which impairs ambulation
 - Individual has an ability for ambulation

- Individual has a need for an increased level of security that cannot be provided by a cane or crutches
- Individual has a severe neurologic disorder or other condition causing the restricted use of one hand
- Kneeling Walkers/Rolling Knee Walkers/Kneeling Crutch/ Knee Walkers request of **1 or more of the following**:
 - Roll-a-bout walkers with **all of the following**:
 - Individual is unable to use crutches, standard walker, or other standard ambulatory device
 - Turning leg caddy knee walkers with **all of the following**:
 - Individual is unable to use crutches, standard walker, or other standard ambulatory device
- Gait trainers request of **1 or more of the following**:
 - **Rifton Gait Trainers with all of the following**:
 - Individuals requiring moderate to maximum support for walking and are capable of walking with these devices
 - Pacer Gait Trainers with **all of the following**:
 - Individuals requiring moderate to maximum support for walking and are capable of walking with these devices
 - Mulholland Walkabouts are considered medically necessary with **all of the following**:
 - Children who have impaired ambulation and who lack trunk stability and balance
 - KidWalk Gait Mobility Systems are considered medically necessary with all of the following:
 - Children requiring moderate to maximum support for walking and are capable of walking with these devices
- Therapeutic ambulatory orthotic systems (TAOS) are considered medically necessary with **all of the following**:
 - Children requiring moderate to maximum support for walking and are capable of walking with these devices
 - Children with neuromotor impairment to encourage hand free standing or ambulation (e.g., cerebral palsy)

The following Ambulatory Devices **do not meet the definition of medical necessity**, to include but not limited to:

- Autoambulators
- Enhanced accessories of walkers
- Gait Belts (Walking Belts)
- Standard strollers
- Tricycles
- Wearable freezing of gait detection system for assisting walking of individuals with Parkinson's disease

Coding:

Medically necessary with criteria:

Coding	Description
E0117	Crutch, underarm, articulating, spring assisted, each
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components

Considered Not Medically Necessary:

Coding	Description
E1399	Durable medical equipment, miscellaneous

Document History:

Revised Dates:

- 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).

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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