Sentara Health Plans

Commercial

Ambulatory Devices, DME 40

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Effective Date	7/1/2026
Next Review Date	3/2027
Coverage Policy	DME 40
Version	7

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

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

Criteria:

Ambulatory Devices is considered medically necessary for **All** of the following:

- **A crutch substitute (ie. iWALKFree/knee crutches) (E0118)** is considered medically necessary for **All** of the following criteria:
  - Individual is unable to perform mobility related activities of daily living without an assistive device
  - Individual is unable to use crutches, cane, or walker

Ambulatory Devices are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Autoambulator (E1399)
- Axillary (under-arm), articulated, spring-assisted crutches (E0117)
- Standard strollers (E1399)
- Tricycles (E1399)
- Upsee mobility devices (E0117, E1399)

Document History:

Revised Dates:

- 2026: March – Implementation date of July 1, 2026. Annual review. Remove InTandem, Wearable Freezing of Gait Detection System, Gait modulation system (E3200) from NMN and place it in Prescription Digital Therapeutics and Devices Medical 259 as NMN. Update references.
- 2025: May – Implementation date of July 1, 2025. Annual review and add criteria for knee crutches and new review for Gait modulation system (E3200) as NMN. Remove codes not in policy.
- 2025: January – Procedure coding updated to align with changes in service authorization status.
- 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

Origination Date: June 2013

Coding:

Medically necessary with criteria:

Coding	Description
E0118	Crutch substitute, lower leg platform, with or without wheels, each

Considered Not Medically Necessary:

Coding	Description
E0117	Crutch, underarm, articulating, spring assisted, each
E1399	Durable medical equipment, miscellaneous

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required.
  - Refer to Powered Exoskeletons for Rehabilitation DME 252 (E0738, E0739)
  - Refer to Standing Frames DME 41 (E0637, E0638, E0641, E0642)
  - Refer to MCG Walker (A-0881) (E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0152, E0154, E0155, E0156, E0157, E0158, E0159) and
  - Refer to MCG Pediatric Gait Trainer (A-0886) (E8000, E8001, E8002)
  - Refer to Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories, DME 28 for Hi-Lo Activity Chair
- Special Notes:
  - Commercial
    - 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.

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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(2026). Retrieved 2 2026, from MCG - 29th Edition: https://careweb.careguidelines.com/ed29/index.html

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(2026). Retrieved 2 2026, from UpToDate: https://www.uptodate.com/contents/search?search=

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