Sentara Health Plans

Medicaid

Ambulatory Devices, DME 40

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Coverage Policy	DME 40
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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.

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 Virginia Medicaid 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:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - 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.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
  - **Documentation Requirements** DME Chapter IV (updated 10.24.24)_Final.pdf appendix-b-21-excel-version-with-all-categories-of-appendix-b-2025.xlsx

- All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
- The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
- The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.

- **Repair vs. Replacement Guidelines**
  - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
  - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
    - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
    - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
    - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
- **Rental vs. Purchase Guideline**
  - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
  - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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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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