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SHP Ambulatory Devices

AUTH: SHP Durable Medical Equipment 40 v4 (AC)

[Link to Codes](#)

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- [Coverage](#)
- [Application to Products](#)
- [Authorization Requirements](#)
- [Description of Item or Service](#)
- [Exceptions and Limitations](#)
- [Clinical Indications for Procedure](#)
- [Document History](#)
- [Coding Information](#)
- [References](#)
- [Codes](#)

Coverage

[Return to top of SHP Ambulatory Devices - AC](#)

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

[Return to top of SHP Ambulatory Devices - AC](#)

Policy is applicable to all products.

Authorization Requirements

[Return to top of SHP Ambulatory Devices - AC](#)

Pre-certification by the Plan is required.

Description of Item or Service

[Return to top of SHP Ambulatory Devices - AC](#)

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.

Exceptions and Limitations

[Return to top of SHP Ambulatory Devices - AC](#)

- 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- covered for Medicaid only
 - Enclosed frame walker (Walker with enclosed frame)-covered for Medicaid only
 - 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
- 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.

Clinical Indications for Procedure

[Return to top of SHP Ambulatory Devices - AC](#)

- Ambulatory Devices are considered medically necessary for **1 or more** of the following
 - 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 **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)
- Ambulatory Devices are **NOT COVERED** for **ANY** of the following
 - Autoambulators
 - Axillary (under-arm), articulated, spring-assisted crutches- covered for Medicaid only
 - Enclosed frame walker (Walker with enclosed frame)-covered for Medicaid only
 - 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

Document History

[Return to top of SHP Ambulatory Devices - AC](#)

- 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

Coding Information

[Return to top of SHP Ambulatory Devices - AC](#)

- CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS E0117 - Crutch, underarm, articulating, spring assisted, each
 - HCPCS E0118 - Crutch substitute, lower leg platform, with or without wheels, each
 - HCPCS E0144 - Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
 - HCPCS E0147 - Walker, heavy-duty, multiple braking system, variable wheel resistance
 - HCPCS E8000 - Gait trainer, pediatric size, posterior support, includes all accessories and components
 - HCPCS E8001 - Gait trainer, pediatric size, upright support, includes all accessories and components
 - HCPCS E8002 - Gait trainer, pediatric size, anterior support, includes all accessories and components
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - HCPCS E1399 - Durable medical equipment, miscellaneous

References

[Return to top of SHP Ambulatory Devices - AC](#)

References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Mar 2, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Mar 2, 2023, from Literature Search: https://scholar.google.com/scholar?as_ylo=2022&q=gait+trainer+scholarly+articles&hl=en&as_sdt=0,47&as_vis=1

ADA Requirements: Wheelchairs, Mobility Aids, and Other Power-Driven Mobility Devices. (2020, Feb 28). Retrieved Mar 2, 2023, from ADA: <https://www.ada.gov/resources/opdmds/>

DME Manual - Appendix B. (2023). Retrieved Mar 2, 2023, from DMAS DME: <https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={70DF587A-0000-CD19-9DA4-40F87C9CFC81}&vsId={BA20E884-FDDC-4BC0-8010-E14AAEE3F502}&objectType=document&objectStoreName=VAPRODOS1>

Geriatric rehabilitation interventions. (2023, Jan 24). Retrieved Mar 2, 2023, from UpToDate: https://www.uptodate.com/contents/geriatric-rehabilitation-interventions?search=Assistive%20devices&source=search_result&selectedTitle=4~150&usage_type=default&display_rank=4#

Guide to mobility aids. (2023). Retrieved Mar 2, 2023, from Cerebral Palsy guide: <https://www.cerebralpalsyguide.com/treatment/mobility-aids/>

Local Coverage Determination (LCD): Canes and Crutches L33733. (2020, Jan 1). Retrieved Mar 2, 2023, from Centers for Medicare and Medicaid Services - Wisconsin Physicians Service Insurance Corporation: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33733&ver=19&bc=0>

Local Coverage Determination (LCD): Walkers L33791. (2020, Jan 1). Retrieved Mar 2, 2023, from LCD CMS: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33791&ver=15&bc=0>

NCD: DURABLE Medical Equipment Reference List - 280.1. (2005, Jul 5). Retrieved Mar 2, 2023, from CMS NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=2&bc=0>

NCD: Mobility Assistive Equipment (MAE) - 280.3. (2005, Jul 5). Retrieved Mar 2, 2023, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDDid=219&ncdver=2&DocID=280.3&kq=true&SearchType=Advanced&bc=EAAAAAgAAAA&>

ReWalk Personal System (ReWalk Robotics) for Home Use in Spinal Cord Injury - ARCHIVED Aug 16, 2021. (n.d.). Retrieved Mar 1, 2023, from HAYES: <https://evidence.hayesinc.com/report/hss.rewalk3394>

Therapeutic ambulatory orthotic systems (TAOS). (2023). Retrieved Mar 2, 2023, from 360 - Orthotics and Prosthetics: <https://360oandp.com/Orthotics-101-Therapeutic-Ambulatory-Orthotic-System-TAOS.aspx>

Codes

[Return to top of SHP Ambulatory Devices - AC](#)

HCPCS: E0117, E0118, E0144, E0147, E1399, E8000, E8001, E8002

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