

Ambulatory Devices, 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.*.

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:

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
E1399	Durable medical equipment, miscellaneous
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).

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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/cfcr/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: *

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 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.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual;
- Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;

- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

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