

Walkers and Walker Accessories (for Louisiana Only)

Policy Number: CS357LA.C
Effective Date: August 1, 2024

[Instructions for Use](#)

Content mandated by Louisiana Department of Health

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	2
References	3
Policy History/Revision Information	3
Instructions for Use	3

Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

Coverage Rationale

Standard Walker

A standard walker and related accessories are covered if **all** of the following criteria are met:

- It is prescribed by a physician for a beneficiary with a medical condition that impairs ambulation; **and**
- Beneficiary has a potential for ambulation; **and**
- Beneficiary has a need for greater stability and security than can be provided by a cane or crutches

Wheeled Walker

A wheeled walker may be fixed height or adjustable height and may include glide-type brakes (or equivalent). The wheels may be fixed or swivel. A wheeled walker shall be approved only if the beneficiary is unable to use a standard walker due to severe neurological disorders, debilitating medical condition that may prohibit the use of a standard walker, or limited use of one hand. The request must contain supporting documentation from the prescribing physician which substantiates the need for a wheeled walker rather than a standard walker.

Heavy Duty Walker

A heavy-duty walker may be approved for beneficiaries who meet the criteria for a standard walker and weigh more than 300 pounds.

Heavy Duty, Multiple Braking System, Variable Wheel Resistance Walker

A heavy duty, multiple braking system, variable wheel resistance walker is a four-wheeled, adjustable height, folding walker that has **all** of the following characteristics:

- Capable of supporting beneficiaries weighing more than 350 pounds; **and**
- Hand operated brakes that cause the wheels to lock when the hand levers are released; **and**
- Can be set so that either one or both brakes can lock the wheels; **and**
- Adjust so the beneficiary can control the pressure of each hand brake; **and**
- Additional braking mechanism on the front crossbar; **and**
- A minimum of two wheels have brakes that can be independently set through tension adjustability to provide varying resistance

A heavy duty, multiple braking system, variable wheel resistance walker is considered medically necessary for beneficiaries who weigh greater than 350 pounds, meet coverage criteria for a standard walker, and are unable to use a standard walker due to a severe neurological disorder or other condition causing the restricted use of one hand. Obesity alone is not considered a medically necessary indication for this walker.

Leg Extensions

Leg extensions are considered medically necessary for beneficiaries six feet tall or more.

Arm Rests

Arm rest attachments are considered medically necessary when the beneficiary's ability to grip is impaired.

Non-Covered Walker Items

- Walker with enclosed frame; **and**
- Enhanced accessories [i.e., style, color, hand operated brakes (other than those described above on heavy duty), multiple braking system, variable wheel resistance walker, seat attachments, tray attachments, or baskets (or equivalent)]; **and**
- Walking belts

A walker with enclosed frame is a folding wheeled walker with a frame completely surrounding the beneficiary and an attached seat in the back. Walkers with enclosed frames are not considered medically necessary because their medical necessity compared to a standard folding wheeled walker has not been established.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
E0130	Walker, rigid (pickup), adjustable or fixed height
E0135	Walker, folding (pickup), adjustable or fixed height
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0141	Walker, rigid, wheeled, adjustable or fixed height
E0143	Walker, folding, wheeled, adjustable or fixed height
*E0144	Walker, enclosed, 4 four-sided framed, rigid or folding, wheeled with posterior seat
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pick-up walker, per pair
E0156	Seat attachment, walker
E0157	Crutch attachment, walker, each
E0158	Leg extensions for walker, per set of four
E0159	Brake attachment for wheeled walker, replacement, each

Codes labeled with an asterisk (*) are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program.

References

Louisiana Department of Health, Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual. Issued February 28, 2023. <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf>. Accessed March 15, 2024.

Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<p data-bbox="337 394 581 426">Applicable Codes</p> <ul data-bbox="337 430 1511 552" style="list-style-type: none"><li data-bbox="337 430 862 457">• Added HCPCS codes A4636 and A4637<li data-bbox="337 462 1511 552">• Removed notation indicating HCPCS codes E0148 and E0149 are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program <p data-bbox="337 556 662 588">Supporting Information</p> <ul data-bbox="337 592 911 619" style="list-style-type: none"><li data-bbox="337 592 911 619">• Archived previous policy version CS357LA.B

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.