

Walkers (for North Carolina Only)

Policy Number: CSNCT0642.03
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[Instructions for Use](#)

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Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for North Carolina Only\)](#)

Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies](#).

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 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

HCPCS Code	Description
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 North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

References

North Carolina Medicaid Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, 5A-1. Available at: <https://medicaid.ncdhhs.gov/5a-1-physical-rehabilitation-equipment-and-supplies/download?attachment>. Accessed April 15, 2024.

Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Updated instruction to clarify the <i>North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy, Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies</i> should be referenced for <i>medical necessity</i> clinical coverage criteria <p>Applicable Codes</p> <ul style="list-style-type: none"> Added HCPCS codes A4636 and A4637 Added notation to indicate HCPCS codes E0140, E0144, E0147, E0157, and E0159 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version CSNCT0642.02

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.