

Walkers (for New Mexico Only)

Policy Number: CS357NM.A
Effective Date: July 1, 2024

[Instructions for Use](#)

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| Related Policies |
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| <ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for New Mexico Only) Pediatric Gait Trainers and Standing Systems (for New Mexico Only) |

Application

This Medical Policy only applies to the state of New Mexico.

Coverage Rationale

Walkers are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Walkers.

[Click here to view the InterQual® criteria.](#)

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, 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 |

| HCPCS Code | Description |
|------------|--|
| E0157 | Crutch attachment, walker, each |
| E0158 | Leg extensions for walker, per set of four |
| E0159 | Brake attachment for wheeled walker, replacement, each |

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 07/01/2024 | <ul style="list-style-type: none"> New Medical Policy |

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.