



PROVIDER POLICIES & PROCEDURES

WALKERS (HCPCS CODES E0140, E0144, E0147, E1049, E1399)

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for a walker. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Walkers can be classified as anterior or posterior. An anterior walker has a three-sided frame that provides support to the front of the body and typically has a larger base making it more stable for walking. A posterior walker also has a three-sided frame and provides support behind the body and assists with posture and balance during standing and walking. Walkers are used by individuals with impaired ambulation when there is a need for greater stability and security than can be provided by a cane or crutches. Some walkers are simple devices providing simple support and structure. Others are more complex, and can be rigid or folding, with or without seating, with or without wheels, etc. Walkers may include an attachment that provides trunk support to hold the patient upright in a standing position. The trunk support device may be flexible and soft padded or rigid. Heavy duty walkers are used by patients with severe neurological disorders or restricted use of one hand and those who exceed the weight limits of a standard wheeled walker.

CLINICAL GUIDELINE

Coverage guidelines for walkers are made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The use of a walker, with trunk support, adjustable or fixed height, any type (HCPCS code E0140) may be considered medically necessary for individuals when:

1. The individual has a mobility limitation/deficit that can be sufficiently resolved with the use of the walker;
2. The individual can safely use the walker; and
3. The individual has a documented need/condition requiring additional trunk support.

The use of a walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat (HCPCS code E0144) is typically not considered medically necessary as medical necessity has not been established. Requests will be reviewed on a case-by-case basis.

The use of a heavy-duty walker, multiple braking system, variable wheel resistance (HCPCS code

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E0147) may be considered medically necessary for individuals when:

1. The individual has a mobility limitation/deficit that can be sufficiently resolved with the use of the walker;
2. The individual can safely use the walker; and
3. The individual is unable to use a standard walker due to a severe neurologic disorder or other condition causing restricted use of one hand.

Note: obesity, by itself, is not a sufficient reason for this type of walker

The use of a heavy-duty walker, wheeled, rigid or folding, any type (HCPCS code E0149) may be considered medically necessary for individuals when:

1. The individual has a mobility limitation/deficit that can be sufficiently resolved with the use of the walker;
2. The individual can safely use the walker; and
3. The individual's weight exceeds 300 pounds.

The use of the posterior walker (HCPCS code E1399) and its attachments may be considered medically necessary for individuals when:

1. There is a documented need for moderate to maximum support for ambulation related to a diagnosed neuromuscular disease, cerebral palsy, brain injury, or other congenital defects or conditions that may cause hypotonia or muscle weakness; and
2. There is potential for functional ambulation; and
3. Documented evaluation from a physical therapist (PT) or occupational therapist (OT) that includes a description of the individual's ability to use and benefit from the equipment including a description of the individual's functional mobility, ambulation status, transfers, postural alignment, strength, tone, balance, and range of motion; and
4. Description of the device trial/simulation, and patient/caregiver education.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization of walkers (HCPCS codes E0140, E0144, E0147, E0149, and E1399) is required. Requests for coverage of these walkers will be reviewed in accordance with procedures in place for reviewing requests for durable medical equipment (DME). Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for walkers:

1. Fully completed authorization request via on-line web portal; and
2. Signed prescription by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) within the past twelve (12) months; and
3. Documentation from the requesting physician, advanced practice registered nurse (APRN), or physician assistant (PA) supporting the medical necessity of the walker within the past twelve (12) months; and

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4. For HCPCS code E1399 only: documented evaluation from a physical therapist or occupational therapist supporting the medical necessity of the posterior walker within the past twelve (12) months; and
5. Other pertinent information as requested by CHNCT. For items using HCPCS code E1399 that require manual pricing only: a detailed product description including manufacturer, model/part number, product description, HCPCS code and units(s), actual acquisition cost (AAC), and manufacturer's suggested retail pricing (MSRP) including documentation disclosing all discounts per the [Connecticut Department of Social Services \(DSS\) Pricing Policy](#)

EFFECTIVE DATE

This policy is effective for prior authorization requests for walkers for individuals covered under the HUSKY Health Program on or after May 1, 2023.

LIMITATIONS

Not Applicable

CODES:

| Code | Definition |
|-------|--|
| E0140 | Walker, with trunk support, adjustable or fixed height, any type |
| E0144 | Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat |
| E0147 | Walker, heavy-duty, multiple braking system, variable wheel resistance |
| E0149 | Walker, heavy-duty, wheeled, rigid or folding, any type |
| E1399 | Durable medical equipment, miscellaneous |

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-

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259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.

8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- Bradbury, Marilyn & Simkiss, Doug & Rose, Alice & Li, François-Xavier. (2017). Anterior or posterior walkers for children with cerebral palsy? A systematic review. *Disability and Rehabilitation: Assistive Technology*. 13. 1-12. 10.1080/17483107.2017.1385101.
- Katherine A. Konop, Kelly M.B. Strifling, Mei Wang, Kevin Cao, Jeffrey P. Schwab, Daniel Eastwood, Scott Jackson, Jeffrey D. Ackman, Gerald F. Harris, A biomechanical analysis of upper extremity kinetics in children with cerebral palsy using anterior and posterior walkers, *Gait & Posture*, Volume 30, Issue 3, 2009, Pages 364-369, ISSN 0966-6362, <https://doi.org/10.1016/j.gaitpost.2009.06.012>.
- Kelly M.B. Strifling, Na Lu, Mei Wang, Kevin Cao, Jeffrey D. Ackman, John P. Klein, Jeffrey P. Schwab, Gerald F. Harris, Comparison of upper extremity kinematics in children with spastic diplegic cerebral palsy using anterior and posterior walkers, *Gait & Posture*, Volume 28, Issue 3, 2008, Pages 412-419, ISSN 0966-6362, <https://doi.org/10.1016/j.gaitpost.2008.01.018>.
- Park ES, Park CI, Kim JY. Comparison of anterior and posterior walkers with respect to gait parameters and energy expenditure of children with spastic diplegic cerebral palsy. *Yonsei Med J*. 2001 Apr;42(2):180-4. doi: 10.3349/ymj.2001.42.2.180. PMID: 11371104.
- Noridian Healthcare Solutions LLC. Local Coverage Determination: Walkers
- (L33791). Revised 1/1/2020. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33791>. Accessed on March 2, 2023.
- Rodríguez-Costa I, De la Cruz-López I, Fernández-Zárate I, Maldonado-Bascón S, Lafuente-Arroyo S, Nunez-Nagy S. Benefits of a Low-Cost Walking Device in Children with Cerebral Palsy: A Qualitative Study. *Int J Environ Res Public Health*. 2021 Mar 10;18(6):2808. doi: 10.3390/ijerph18062808. PMID: 33801985; PMCID: PMC7998765.

PUBLICATION HISTORY

| Status | Date | Action Taken |
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| Original publication | March 2023 | Approved at the March 8, 2023, CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 2023. Approved by |

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| | | DSS on March 27, 2023. |
| Update | March 2024 | Update to Procedure section to include requirement of a signed prescription within 12 months. Changes approved at the March 13, 2024 CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on March 18, 2024. Approved by DSS on March 28, 2024. |
| Updated | March 2025 | Code E1399 for posterior walkers added to policy. Updated introduction to include description of posterior walker. Updated Procedure section with required documentation from therapist for code E1399. Updated reference section with current literature. Changes approved at the March 12, 2025 CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on March 17, 2025. Approved by DSS on April 3, 2025. |

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