PROVIDER POLICIES & PROCEDURES

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

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 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 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.

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, and E0149) 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;
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 supporting the medical necessity of the walker; and
4. Other pertinent information as requested by CHNCT.

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

Code	Definition
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type

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-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:

- 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.

PUBLICATION HISTORY

Status	Date	Action Taken
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 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.