

Walkers

DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

Documentation Requirements	Key Items to Address
Duration of patient's condition	Why does the patient require the item?
Clinical course	Do the physical examination findings support the need for the item?
Prognosis	Signs and symptoms that indicate the need for the item
Nature and extent of functional limitations	Diagnoses that are responsible for these signs and symptoms
Other therapeutic interventions and results	Other diagnoses that may relate to the need for the item

HCPCs code(s) affected include the following:

E0130:	Walker, rigid (pickup), adjustable or fixed height
E0135:	Walker, folding (pickup), adjustable or fixed height
E0141:	Walker, rigid, wheeled, adjustable or fixed height
E0143:	Walker, folding, wheeled, adjustable or fixed height
E0148:	Walker, heavy duty, without wheels, rigid or folding, any type
E0149:	Walker, heavy duty, wheeled, rigid or folding, any type

Coverage Criteria

A standard walker and related accessories are covered if all of the following criteria (1-3) are met and documented in the beneficiary's medical record:

1. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home.

A mobility limitation is one that:

- a. Prevents the beneficiary from accomplishing the MRADL entirely, or
- b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
- c. Prevents the beneficiary from completing the MRADL within a reasonable time frame; and
- 2. The beneficiary is able to safely use the walker; and
- 3. The functional mobility deficit can be sufficiently resolved with use of a walker.

A heavy duty walker is covered for beneficiaries who meet coverage criteria for a standard walker and who weigh more than 300 pounds.

Accessory Codes

E0154: Platform attachment E0156: Seat attachment E0157: Crutch attachment

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^{*}For some items to be covered by Medicare, a written order prior to delivery (WOPD) is required.