

Walker

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment.

A standard walker and 2-wheeled walker (E0130, E0135, E0141, E0143) and related accessories are covered if all of the following criteria (1-3) are met:

4-wheeled walkers are covered when all criteria below (1-4) are met:

A heavy duty walker (E0148, E0149) is covered as a 13-month rental for Medicare beneficiaries who meet coverage criteria for a standard walker and who weigh more than 300 pounds. The patient's weight must be documented within 30 days of dispensing. If an E0148 or E0149 walker is provided and if the beneficiary weighs 300 pounds or less, it will be denied as not reasonable and necessary.

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 the use of a walker.
 4. The beneficiary needs the seat for rest periods.

Our Locations

Baraboo · 1111 Eighth Street · 800-924-2273
Fond du Lac · 307 Camelot Drive · 800-732-1313
Janesville · 3700 E. Racine Street · 800-924-2273
Madison · 4639 Hammersley Road · 800-924-2773
Reedsburg · 164 Second Street · 800-924-2273