

# Article - Walkers - Policy Article (A52503)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi New Mexico North Carolina Oklahoma Puerto Rico South Carolina Tennessee Texas Virgin Islands Virginia West Virginia
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 - DME MAC	J-A	Connecticut Delaware District of Columbia Maine Maryland Massachusetts New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 - DME MAC	J-D	Alaska

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">LLC</a>				American Samoa Arizona California - Entire State Guam Hawaii Idaho Iowa Kansas Missouri - Entire State Montana Nebraska Nevada North Dakota Northern Mariana Islands Oregon South Dakota Utah Washington Wyoming

# Article Information

## General Information

### Article ID

A52503

### Article Title

Walkers - Policy Article

### Article Type

Article

### Original Effective Date

10/01/2015

### Revision Effective Date

01/01/2020

### Revision Ending Date

N/A

### AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2021 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Current Dental Terminology © 2021 American Dental Association. All rights reserved.

Copyright © 2013 - 2022, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale

## Retirement Date

N/A

and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at [ub04@aha.org](mailto:ub04@aha.org).

# Article Guidance

## Article Text

### NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Walkers are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

Enhancement accessories of walkers will be denied as noncovered.

### REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO Final Rule 1713 (84 Fed. Reg Vol 217)

Final Rule 1713 (84 Fed. Reg Vol 217) requires a face-to-face encounter and a Written Order Prior to Delivery (WOPD) for specified HCPCS codes. CMS and the DME MACs provide a list of the specified codes, which is periodically updated. The required Face-to-Face Encounter and Written Order Prior to Delivery List is available [here](#).

Claims for the specified items subject to Final Rule 1713 (84 Fed. Reg Vol 217) that do not meet the face-to-face encounter and WOPD requirements specified in the LCD-related Standard Documentation Requirements Article (A55426) will be denied as not reasonable and necessary.

If a supplier delivers an item prior to receipt of a WOPD, it will be denied as not reasonable and necessary. If the WOPD is not obtained prior to delivery, payment will not be made for that item even if a WOPD is subsequently obtained by the supplier. If a similar item is subsequently provided by an unrelated supplier who has obtained a WOPD, it will be eligible for coverage.

### POLICY SPECIFIC INFORMATION

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

When code E0147 is billed, the claim must include the manufacturer's name and product name/number.

When code E1399 is billed, the claim must include the manufacturer name and the product name/number.

## **MODIFIERS**

### **KX, GA, GY AND GZ MODIFIERS:**

If a heavy duty walker (E0148, E0149) is provided and if the supplier has documentation in their records that the beneficiary's weight (within one month of providing the walker) is greater than 300 pounds, the KX modifier should be added to the code.

If the above criterion has not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

If the walker that is provided is only needed for mobility outside the home, the GY modifier must be added to the codes for the item and all accessories.

Claims lines billed with codes E0148 and E0149 without a KX, GA, GY or GZ modifier will be rejected as missing information.

## **CODING GUIDELINES**

A wheeled walker (E0141, E0143, E0149) is one with either 2, 3, or 4 wheels. It may be fixed height or adjustable height. It may or may not include glide-type brakes (or equivalent). The wheels may be fixed or swivel.

A glide-type brake consists of a spring mechanism (or equivalent) which raises the leg post of the walker off the ground when the beneficiary is not pushing down on the frame.

Code E0144 describes a rigid or folding wheeled walker which has a frame that completely surrounds the beneficiary and an attached seat in the back.

A heavy duty walker (E0148, E0149) is one which is labeled as capable of supporting beneficiaries who weigh more than 300 pounds. It may be fixed height or adjustable height. It may be rigid or folding.

Code E0147 describes a 4-wheeled, adjustable height, folding-walker that has all of the following characteristics:

1. Capable of supporting beneficiaries who weigh greater than 350 pounds,
2. Hand operated brakes that cause the wheels to lock when the hand levers are released,
3. The hand brakes can be set so that either or both can lock both wheels,
4. The pressure required to operate each hand brake is individually adjustable,
5. There is an additional braking mechanism on the front crossbar,
6. At least two wheels have brakes that can be independently set through tension adjustability to give varying resistance.

The only walkers that may be billed using code E0147 are those products for which a written coding verification review (CVR) has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and subsequently

published on the Product Classification List (PCL). Suppliers should contact the PDAC Contractor for guidance on the correct coding of these items.

If a product is billed to Medicare using a HCPCS code that requires written CVR, but the product is not on the PCL for that particular HCPCS code, then the claim line will be denied as incorrect coding.

Codes A4636, A4637, and E0159 are only used to bill for replacement items for covered, beneficiary-owned walkers. Codes E0154, E0156, E0157, and E0158 can be used for accessories provided with the initial issue of a walker or for replacement components. Code E0155 can be used for replacements on covered, beneficiary-owned wheeled walkers or when wheels are subsequently added to a covered, beneficiary-owned nonwheeled walker (E0130, E0135). Code E0155 cannot be used for wheels provided at the time of, or within one month of, the initial issue of a non-wheeled walker.

Hemi-walkers must be billed using code E0130 or E0135, not E1399.

A gait trainer (or sometimes referred to as a rollator) is a term used to describe certain devices that are used to support a beneficiary during ambulation. Gait trainers are billed using one of the codes for walkers. If a gait trainer has a feature described by one of the walker attachment codes (E0154, E0156, E0157) that code may be separately billed. Other unique features of gait trainers are not separately payable and may not be billed with code E1399. If a supplier chooses to bill separately for a feature of a gait trainer that is not described by a specific HCPCS code, then code A9900 must be used.

An enhancement accessory is one which does not contribute significantly to the therapeutic function of the walker. It may include, but is not limited to style, color, hand operated brakes (other than those described in code E0147), or basket (or equivalent). Use code A9270 when an enhancement accessory of a walker is billed.

Brakes other than hand operated brakes, provided at the same time as a walker (E0141, E0143, E0149) may not be billed separately to the DME MACs or the beneficiary upon initial issue. However if billed separately upon initial issue the brakes must be billed using A9900, and the brakes will deny as not separately payable. HCPCS code E0159 (Brake attachment for wheeled walker, replacement, each) is applicable for replacement brakes only.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time and must not be billed separately at the time of billing the Column I code.

Column I	Column II
E0130	A4636, A4637
E0135	A4636, A4637
E0140	A4636, A4637, E0155, E0159
E0141	A4636, A4637, E0155, E0159
E0143	A4636, A4637, E0155, E0159
E0144	A4636, A4637, E0155, E0156, E0159
E0147	A4636, E0155, E0159
E0148	A4636, A4637
E0149	A4636, A4637, E0155, E0159

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

# Coding Information

## CPT/HCPCS Codes

N/A

## ICD-10-CM Codes that Support Medical Necessity

N/A

## ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

## ICD-10-PCS Codes

N/A

## Additional ICD-10 Information

N/A

## Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

## Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

---

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R7	<p>Revision Effective Date: 01/01/2020</p> <p>REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 FED. REG VOL 217):</p> <p>Removed: "The link will be located here once it is available."</p> <p>Added: "The required Face-to-Face Encounter and Written Order Prior to Delivery List is available here." with a hyperlink to the list</p> <p><i>04/14/2022: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2020	R6	<p>Revision Effective Date: 01/01/2020</p> <p>CODING GUIDELINES:</p> <p>Added: "(CVR)" after reference to coding verification review</p> <p>Added: "(PCL)" after reference to "Product Classification List"</p> <p>Added: Incorrect coding denial language for products billed using HCPCS that require written coding verification review</p> <p>Revised: Reference to HCPCS code E0159 long description</p> <p><i>04/01/2021: At this time the 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2020	R5	<p>Revision Effective Date: 01/01/2020</p> <p>REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):</p> <p>Added: Section and related information based on Final Rule 1713</p> <p>CODING GUIDELINES:</p> <p>Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS</p> <p>ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:</p> <p>Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"</p> <p>ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:</p> <p>Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"</p> <p><i>02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2017	R4	<p><i>03/07/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This is an article and not a local coverage determination.</i></p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2017	R3	Revision Effective Date: 01/01/2017 POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Billing instructions for E0147 and E1399 (previously in the LCD) and Modifier instructions CODING GUIDELINES: Updated: E0144 narrative to include "rigid" RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article
07/01/2016	R2	Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.
10/01/2015	R1	<b>Revision Effective Date: 11/01/2013 (April 2015 Publication)</b> CODING GUIDELINES: Added: Coding guidelines to clarify billing for brakes upon initial issue.

## Associated Documents

### Related Local Coverage Documents

#### Articles

[A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

#### LCDs

[L33791 - Walkers](#)

### Related National Coverage Documents

N/A

### Statutory Requirements URLs

N/A

### Rules and Regulations URLs

N/A

### CMS Manual Explanations URLs

N/A

### Other URLs

N/A

### Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
04/07/2022	01/01/2020 - N/A	Currently in Effect (This Version)



UPDATED ON	EFFECTIVE DATES	STATUS
03/26/2021	01/01/2020 - N/A	Superseded
02/14/2020	01/01/2020 - N/A	Superseded
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

## Keywords

N/A