

Walkers

Walkers are covered when the beneficiary has a mobility limitation that significantly impairs their ability to participate in one or more mobility related activities of daily living (MRADL) in the home.

Coverage and Payment Policy

A walker will be covered if all of the following criteria are met:

- 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).

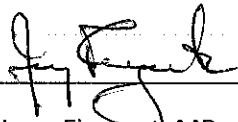
A mobility limitation is one that:

- a. Prevents the beneficiary from accomplishing the MRADL entirely; or
  - b. Places the beneficiary at heightened risk of morbidity or mortality secondary to attempts to perform 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.

Equipment/Walker Type:

- 1. Standard: see criteria above.
- 2. Heavy-duty: beneficiary must meet criteria above and weigh 300 pounds or more.
- 3. Heavy-duty/multiple braking system: beneficiary must meet criteria above and be unable to use a standard walker due to severe neurologic disorder or other condition which restricts the use of one hand. Prior authorization is required.
- 4. Walker with trunk support; beneficiary must meet criteria above and have documentation in the medical record justifying the need for this special feature.
- 5. Leg extensions; beneficiary must be six (6) feet tall or more.

Approved:  Associate Medical Director  
 Jerry Fingerut, MD

Date: 22 March 2016

Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_