

# Ambulatory Assist Equipment

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## Overview

Ambulatory assist equipment is used for individuals who have difficulty ambulating safely and require a device to help. Canes are used to provide relief to legs or promote balance with walking. Crutches are used to remove weight from an injured lower extremity or to compensate for a missing limb. Walkers are used to provide stability and balance with ambulation.

## Eligible Providers

The following providers may provide ambulatory assist equipment:

- Federally qualified health centers
- Home health agencies
- Hospitals
- Indian Health Services
- Medical suppliers
- Pharmacies
- Physicians and clinics (crutches only)
- Rural health clinics

## TPL and Medicare

Providers must meet any provider criteria, including accreditation, for third-party insurance or for Medicare to help members for whom Minnesota Health Care Programs (MHCP) is not the primary payer.

MHCP quantity limits and thresholds apply to all members unless only Medicare coinsurance or deductible is requested.

## Eligible Members

Ambulatory assist equipment is covered for eligible medical assistance and MinnesotaCare members who meet criteria described under Covered Services.

## Covered Services

**Codes: E0100, E0105, E0110-E0114, E0116-E0118, E0130, E0135, E0140, E0141, E0143, E0144, E0147-E0149, E0153-E0159, E8000-E8002**

Canes, crutches and walkers are included in the per diem for members living in a nursing facility. Canes, crutches and walkers other than walkers with trunk support are included in the per diem for members living in an Intermediate Care Facility for persons with Developmental Disabilities (ICF-DD). Custom-fitted gait trainers may be covered outside the per diem for members living in nursing facilities or ICFs-DD.

Canes (E0100, E0105) are covered for members who are unable to safely ambulate without an assistive device.

- MHCP does not require that the cane is needed in the home. It can be utilized exclusively within the community if needed for safety.
- MHCP covers a cane for members who primarily use walkers or wheelchairs, but who require a cane in specific situations (for example, safety with stairs)

Crutches (E0110 to E0114, E0116 to E0118, E0153) are covered for members who are unable to safely ambulate without an assistive device.

- Spring-assisted crutches (E0117) are covered for members when other crutches do not meet their medical needs. Document the reason other crutches do not suffice.
- Crutch substitutes (E0118) are covered for members who have difficulty using standard crutches. Document the member's difficulty with using standard crutches.

Walkers (E0130, E0135, E0140, E0141, E0143, E0144, E0147 to E0149, E0154 to E0159) are covered for members who are unable to safely ambulate without an assistive device.

- MHCP does not require that the walker is needed in the home. It can be utilized exclusively within the community if needed for safety.
- MHCP covers a walker for members who primarily use wheelchairs but who require a walker in specific situations (for example, transfers to and from the wheelchair).
- A heavy-duty walker (E0147 to E0149) is covered if a member's weight, body size or stability makes a standard walker unsafe.
- Pediatric walkers should be billed with the most appropriate HCPCS code.
- Use E0159 for new brakes or brake replacements. Bill Medicare first for replacement hand brakes if the brakes originally dispensed need repair. When dispensing a new walker with hand brakes, bill Medicare first for the walker. Bill MHCP for hand brakes as a replacement for the standard glide-type brakes as these are noncovered by Medicare.
- Use E1399 for reverse walkers. Authorization is required for submitted charge over \$400.

Gait trainers (E8000 to E8002) are covered with authorization for members who have the potential for therapeutic gait and have demonstrated the ability to use a gait trainer.

### **Noncovered Services**

MHCP does not cover the following:

- Combination wheeled walkers with seat and transport chair (E0150) as they are considered an item of convenience and substantive research is lacking
- Powered walkers (E0152) as they are considered an item of convenience and substantive research is lacking
- Home modifications, including grab bars, wall rails, and portable or installed ramps
- White canes for the blind

### **Authorization**

Authorization is required for all gait trainers and for accessories and items billed under E1399 when the submitted charge is over \$400. Submit authorization requests and required documentation to the [Medical Review Agent](#).

Documentation for gait trainers must include:

- Diagnosis, age, functional abilities
- Why less-costly alternatives have failed or were not appropriate
- Trial of gait trainer with specific device recommendation

- Location the gait trainer will be used and education provided to the caregiver who will oversee use
- Therapy program frequency and goals

Gait trainers are reviewed as a complete package. Submit the appropriate HCPCS code for the requested gait trainer. Include a list of all accessories with documentation of medical necessity for each item added to the gait trainer. The approved rate for purchase of a gait trainer will include all approved accessories.

A stander in combination with a gait trainer is typically not covered. If both a stander and a gait trainer are requested, prior authorization must include specific documentation of medical necessity which notes why one device alone will not meet the member's needs.

Refer to the Authorization Requirements section of the [Equipment and Supplies](#) webpage for additional authorization requirements.

Attach the manufacturer's invoice, a price list or a quote from the manufacturer dated within three months of the authorization request. Clearly indicate each item being requested. Do not modify, alter or change the pricing documentation.

### **Billing**

Providers are responsible to [coordinate services](#). Refer to the [Billing Policy Overview](#) section of the MHCP Provider Manual for general billing information.

- Bill ambulatory assist equipment using [MN-ITS 837P](#). Refer to the [Billing for Durable Medical Equipment, Medical Supplies, Prosthetics and Orthotics, and Augmentative Devices](#) MN-ITS user manual for general billing requirements and guidance when submitting claims.
- Bill all ambulatory assist equipment using the most appropriate HCPCS code. Do not use a miscellaneous code regardless of special features or weight capacity. The only allowable miscellaneous codes are A9999 for accessories for previously purchased gait trainers and E1399 for reverse walkers.
- The HCPCS code and modifiers must match the authorization.