

Ambulatory Assist Equipment

Revised: [March 4, 2026](#)

- [Overview](#)
- [Eligible Providers](#)
 - [TPL and Medicare](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Noncovered Services](#)
- [Authorization](#)
- [Billing](#)

Overview

Ambulatory assist equipment is used for individuals who have a mobility limitation and are unable to safely move without an assistive device.

Eligible Providers

The following 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 assist 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.

Refer to the [Medicare and Other Insurance](#) section of the MHCP Provider Manual for more information.

Eligible Members

Ambulatory assist equipment is covered for eligible Medical Assistance and MinnesotaCare members who meet criteria described under the Covered Services heading.

Covered Services

Codes: A4635-A4637, E0100, E0105, E0110-E0114, E0116-E0118, E0130, E0135, E0140, E0141, E0143, E0144, E0147-E0149, E0153-E0159, E8000-E8002

MHCP covers the following equipment:

- Canes (E0100, E0105)
- Forearm crutches (E0110, E0111)
- Underarm crutches (E0112, E0113, E0114, E0116)
- Spring-assisted crutches (E0117)

- Crutch substitutes (E0118)
- Crutch platform attachments (E0153)
- Rigid walkers (E0130, E0141)
- Folding walkers (E0135, E0143)
- Wheeled walkers (E0141, E0143)
- Walkers with trunk support (E0140)
- Four-sided framed walkers (E0144)
- Heavy-duty walkers (E0147, E0148, E0149)
- Walker attachments (E0154, E0155, E0156, E0157, E0158, E0159)
- Gait trainers with posterior support (E8000), upright support (E8001), and anterior support (E8002)
- Replacement parts, including:
 - Underarm pads for crutches (A4635)
 - Handgrips for canes, crutches, and walkers (A4636)
 - Tips for canes, crutches, and walkers (A4637)

Canes, crutches, and walkers are covered for members with a mobility limitation and are unable to safely move without an assistive device. The mobility limitation may fully or partially impact or prevent the member from performing one or more mobility-related activities of daily living (MRADLs) or heighten the risk of injury during movement. The mobility limitation may be permanent or temporary.

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 (E0140) are included in the per diem for members living in an intermediate care facility for people with developmental disabilities (ICF/DD). Custom-fitted gait trainers may be covered outside the per diem for members living in nursing facilities or ICF/DD.

Replacement parts are covered for member-owned devices when the original item no longer functions. Document in the medical record that the original item is no longer functional. HCPCS codes A4635 to A4637 are not separately reimbursable within the same month of dispensing of ambulatory assist equipment.

Canes

Canes (E0100, E0105) are covered for members who are unable to safely move without an assistive device. Canes support the legs while walking by providing weight-bearing relief for members with impaired movement.

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

Crutches

Crutches (E0110 to E0114, E0116 to E0118, E0153) are covered for members who are unable to safely move without an assistive device. Crutches support the body while walking and protect the injured limb for members with impaired movement.

- 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 reason standard crutches do not suffice.

Walkers

Walkers (E0130, E0135, E0140, E0141, E0143, E0144, E0147 to E0149, E0154 to E0159) are covered for members who are unable to safely move without an assistive device. Walkers provide greater stability and support than canes or crutches for members with impaired movement.

- MHCP does not require that the walker is necessary for use in the home. The walker may be utilized exclusively within the community if necessary for safety.
- MHCP covers a walker for members who primarily use wheelchairs but who require a walker in specific situations (that is, 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

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:

- Canes, crutches, and walkers for members living in nursing facilities or ICF/DD
- 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 the following:

- Gait trainers (E8000 to E8002)
- HCPCS codes without an MHCP fee schedule rate always require authorization if the submitted charge is more than \$400

Submit authorization requests and required documentation to the [Medical Review Agent](#).

Documentation for gait trainers must include:

- Member's diagnosis, age, and functional abilities; and
- Why less costly alternatives have failed or were not appropriate; and
- Trial of gait trainer with specific device recommendation; and
- Location the gait trainer will be used and education provided to the caregiver who will oversee use; and
- 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.

- Use modifier NU for purchases.
- Use modifier RR for rentals.
- Use modifiers KH, KI, KJ, and RR as appropriate for capped rentals.
- Do not bill HCPCS codes A4635 to A4637 within the same month of dispensing of ambulatory assist equipment.
- 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.
- HCPCS code and modifiers must match the authorization.

Crutch substitutes are capped rental items only.

Replacement parts are purchase items only.