**Walker Guidelines for Medicare/Medicare FFS**

The following documentation will need to be in the medical notes of the face to face visit of the doctor’s office visit with the patient:

A **standard walker** (E0130, E0135, E0141, E0143) will be approved if all of the following criteria (1-3) 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) in the home.

A mobility limitation is one that:

a. Prevents the beneficiary from accomplishing the MRADL entirely,

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. Why the patient cannot use a cane/crutches **and** the functional mobility deficit can be sufficiently resolved with use of a walker.

**Please note if you wish the patient to use a walker with a seat and brake (a rollator walker), documentation supporting the need for a seat and brakes will need to be included in the notes**.

**If all of the criteria are not met, the walker will be denied as not reasonable and necessary**

A **heavy duty walker** (E0148, E0149) is covered for beneficiaries who meet coverage criteria for a standard walker and who weigh more than 300 pounds.

Sample text:

**HME Walker Standard pt<300lbs**

The patient has a mobility limitation that significantly impairs [his/her] ability to participate in one or more mobility-related activities in the home. Patient is unable to safely use a cane. Patient is able to safely use the walker, and patient's functional mobility deficit can be sufficiently resolved with the use of a walker. Patient's mobility limitation is as follows: [Discuss patient’s current condition and how it causes the mobility limitation. Should be a few sentences.]

**HME Walker Heavy Duty pt>300lb**

The patient has a mobility limitation that significantly impairs [his/her] ability to participate in one or more mobility-related activities in the home. Patient is unable to safely use a cane. Patient is able to safely use the walker, and patient's functional mobility deficit can be sufficiently resolved with the use of a walker. Patient's weight of [\*] requires use of a heavy duty walker. Patient's mobility limitation is as follows: [Discuss patient’s current condition and how it causes the mobility limitation. Should be a few sentences.]