



The checklist below is derived from Medicare's Coverage criteria for a walker. Without the below criteria being fully and legibly documented in the physician's Rx, Medical justification has not been met.

Medicare Documentation Requirements for a Walker

A Standard Walker (E0130, E0135, E0141, E0143) and related accessories are covered if all of the following criteria (1-3) are met:

- 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:

- Prevents the beneficiary from accomplishing the MRADL entirely, or
 - Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
 - Prevents the beneficiary from completing the MRADL within a reasonable time frame; and
- The beneficiary is able to safely use the walker; and
 - The functional mobility deficit can be sufficiently resolved with use of a walker.

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

A heavy duty, multiple braking system, variable wheel resistance walker (E0147) is covered for beneficiaries who

- meet coverage criteria for a standard walker and
- who are unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand

Please fax your referrals and documentation to 561-290-1434
