Walkers

REQUIRED DOCUMENTATION

- ☐ **Standard Written Order (SWO)**
  The SWO contains all of the following elements:
  - Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - Order Date
  - General description of the item
    - ☐ The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
    - ☐ For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
    - ☐ For supplies – In addition to the description of the base item, the DMEPOS order/ prescription may include all concurrently ordered supplies that are separately billed (List each separately)
  - Quantity to be dispensed, if applicable
  - Treating Practitioner Name or NPI
  - Treating Practitioner's signature
  - The practitioner's signature on the written order meets **CMS Signature Requirements** 100-08 Program Integrity Manual (PIM), Chapter 3, Section 3.3.2.4
  - Any changes or corrections have been initialed/signed and dated by the ordering practitioner.
- ☐ **Delivery Documentation**

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
☐ Beneficiary's name ☐ Delivery address ☐ Quantity delivered ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Delivery date ☐ Signature of person accepting delivery ☐ Relationship to beneficiary	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ☐ Tracking slip ○ References each individual package ○ Delivery address ○ Package I.D. #number ○ Date shipped ○ Date delivered ☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	☐ Shipping invoice ○ Beneficiary's name ○ Delivery address ○ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ○ Quantity shipped ○ Date shipped ○ Signature of person accepting delivery ○ Relationship to beneficiary ○ Delivery date

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NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:

1. Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
2. Suppliers may use the date of delivery as the DOS on the claim.

A standard walker (E0130, E0135, E0141, E0143) and related accessories are covered if all the following criteria are met:

- ☐ 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.
  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 if:

- ☐ The beneficiary meets coverage criteria for a standard walker; and,
- ☐ The beneficiary weighs more than 300 pounds.

A heavy duty, multiple braking system, variable wheel resistance walker (E0147) is covered if:

- ☐ The beneficiary meets coverage criteria for a standard walker; and,
- ☐ The beneficiary is unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand.
  - ○ Obesity, by itself, is not a sufficient reason for an E0147 walker.

A walker with trunk support (E0140) is covered if:

- ☐ The beneficiary meets coverage criteria for a standard walker; and,
- ☐ There is documentation in the medical record justifying the medical necessity for the special features.

Leg extensions (E0158) are covered only for beneficiaries 6 feet tall or more.

KX, GA, GY AND GZ MODIFIERS:

- ☐ If a heavy-duty walker (E0148, E0149) is provided and if the supplier has documentation in their records that the beneficiary's weight (within one month of providing the walker) is greater than 300 pounds, the KX modifier should be added to the code.
  - ○ If the above criterion has not been met, the GA or GZ modifier must be added to the code.
- ☐ If the walker is only needed for mobility outside the home, the GY modifier must be added to the codes for the item and all accessories.

REMINDERS

- When code E0147 or E1399 is billed, the claim must include the manufacturer's name and product name/number.
- The only walkers that may be billed using code E0147 are those products for which a written coding verification review (CVR) has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and published on the Product Classification List (PCL). Suppliers should contact the PDAC Contractor for guidance on the correct coding of these items.
- Claims lines billed with codes E0148 and E0149 without a KX, GA, GY or GZ modifier will be rejected as missing information.

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- The medical necessity for a walker with an enclosed frame (E0144) has not been established and it will be denied as not reasonable and necessary.

ONLINE RESOURCES

- **DME MAC Supplier Manual**
  - **JB:** https://www.cgsmedicare.com/jb/pubs/supman/index.html
  - **JC:** https://www.cgsmedicare.com/jc/pubs/supman/index.html
- **Walkers LCD and PA**
  - **JB:** https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - **JC:** https://www.cgsmedicare.com/jc/coverage/lcdinfo.html

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.

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