

Walkers (for Mississippi Only)

Policy Number: CS357MS.B
Effective Date: July 1, 2023

[Instructions for Use](#)

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Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for Mississippi Only\)](#)

Application

This Medical Policy only applies to the state of Mississippi.

Coverage Rationale

Walkers

Mississippi CAN (Coordinated Access Network)

For medical necessity clinical coverage criteria for Walkers, refer to [Mississippi Medicaid Administrative Code Part 209: DME and Medical Supplies. Rule 1.45: Walker](#).

Mississippi CHIP (Children’s Health Insurance Program)

Walkers are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Durable Medical Equipment, Walkers.

Click [here](#) to view the InterQual® criteria.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
E0130	Walker, rigid (pickup), adjustable or fixed height
E0135	Walker, folding (pickup), adjustable or fixed height
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0141	Walker, rigid, wheeled, adjustable or fixed height

HCPCS Code	Description
HCPCS Code	Description
E0143	Walker, folding, wheeled, adjustable or fixed height
E0144	Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type

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References

Mississippi Medicaid Administrative Code Part 209: DME and Medical Supplies. Rule 1.45: Walker. Available at: <https://medicaid.ms.gov/wp-content/uploads/2021/10/Title-23-Part-209-DME-and-Medical-Supplies-eff-10.01.21.pdf>. Accessed March 16, 2023.

Policy History/Revision Information

Date	Summary of Changes
07/01/2023	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version CS357MS.A

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.