



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

**Subject Ambulatory Assistance  
Devices**

**Effective Date ..... 3/15/2011**  
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## Hyperlink to Related Coverage Policies

Bathroom and Toilet Equipment and  
Supplies  
Physical Therapy  
Wheelchairs/Power Operated Vehicles

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

## Coverage Policy

Coverage for ambulatory assistance devices is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. In addition, ambulatory assistance devices are specifically excluded under some benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

If coverage for ambulatory assistance devices is available, the following conditions of coverage apply.

CIGNA covers the following ambulatory assistance devices as medically necessary when the following criteria are met:

- **A standard cane (HCPCS codes E0100, E0105) and crutches (HCPCS codes E0110–E0116)** are covered when prescribed for an individual who is normally ambulatory but suffers from a condition that impairs ambulation.
- **A standard walker (HCPCS codes E0130, E0135, E0141, E0143)** and related medically necessary accessories are covered when **ALL** of the following criteria are met:
  - The individual has a mobility limitation that significantly impairs his/her ability to participate in mobility-related activities of daily living (MRADL) that cannot be adequately or safely addressed by a cane.

- The individual is able to safely use the walker.
  - The functional mobility deficit can be sufficiently resolved with use of a walker.
- **A heavy-duty walker (HCPCS codes E0148, E0149)** is covered for an individual who meets the criteria for a standard walker and weighs more than 300 pounds.
  - **A heavy-duty, multiple-braking system, variable-resistance walker (HCPCS code E0147)** is covered for an individual who meets coverage criteria for a standard walker but who is unable to use a standard walker due to a disorder or condition causing the restricted use of one hand. Obesity by itself is not a medically necessary reason for a heavy-duty, multiple-braking system, variable-resistance walker.
  - **A walker with trunk support (HCPCS code E0140) (e.g., Rifton Gait Pacer, Mulholland Walkabout, KidWalk Gait Mobility System)** is covered for an individual who meets coverage criteria for a standard walker and requires moderate to maximum support for walking and has demonstrated the capability of walking with the use of the device.
  - **A knee crutch/hands-free walker (e.g., Roll-A-Bout walker, Rolleraid™, iWALKFree™, Turning Leg Caddy®) (HCPCS code E0118)** for below-the-knee injuries or surgery is covered when the individual's condition is such that he/she is unable to use crutches, standard walkers or other standard ambulatory assist devices.

**CIGNA covers the following ambulatory assist device accessories as medically necessary when the following criteria are met:**

- leg extensions for walkers for individuals who are six feet tall or more
- arm-rest attachments when the individual's ability to grip is impaired

**In general, CIGNA considers duplicate equipment a convenience item and not medically necessary and thus not covered. CIGNA covers replacement of a medically necessary ambulatory assist device or accessory only when there is anatomical change or when reasonable wear and tear renders the item nonfunctioning and not repairable.**

**CIGNA does not cover ANY of the following because each is considered one or more of the following: not primarily medical in nature, a self-help or convenience item and/or not medically necessary (this list may not be all-inclusive):**

- articulated, spring assisted crutch (HCPCS code E0117)
- walker with an enclosed frame (HCPCS code E0144)
- enhanced walker accessories, such as color or style
- hand-operated brakes other than HCPCS code E0147
- baskets, trays, cup holders or other convenience items
- seat attachments (HCPCS code E0156)
- standard strollers (refer to the CIGNA Coverage Policy on Wheelchairs/Power Operated Vehicles)
- walking belts
- tricycles

## **General Background**

In May 2005, the Centers for Medicare and Medicaid Services (CMS) determined that mobility assistive equipment (MAE) was reasonable and necessary for patients who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADL) (e.g., toileting, feeding, dressing, grooming, and bathing) in customary locations in the home. CMS has modified coverage indications for canes, crutches, quad canes, and walkers. CMS reported that the best available evidence was found largely in the experience of impartial practitioners (CMS, 2005). Because the published literature does not provide detailed guidance regarding which specific item of MAE is appropriate for a patient with a specific limitation to participate

in a specific mobility-related activity, this policy will draw from the definitions and clinical criteria determined by CMS.

### **Canes and Crutches**

Canes (HCPCS codes E0100, E0105) and crutches (HCPCS codes E0110–E0116) are considered necessary when the patient has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADL in the home, the patient is able to safely use the cane or crutch; and the functional mobility deficit can be sufficiently resolved by use of a cane or crutch. A mobility limitation is any limitation that:

- prevents the patient from accomplishing the MRADL entirely
- places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL
- prevents the patient from completing the mobility-related activities of daily living within a reasonable time frame (CMS, 2005).

**Canes (HCPCS codes E0100, E0105):** A cane is a device intended for medical purposes that is used to provide minimal weight support while walking. Examples of canes include:

- standard
- forearm
- tripod
- quad or retractable stud on the ground end

**Crutches (HCPCS codes E0110–E0116):** A crutch is a device as intended for medical purposes to be used by disabled persons to provide minimal to moderate weight support while walking. There are three basic types of crutches:

- Axillary (underarm) is the most common type of crutch. Wooden or aluminum models can be adjusted easily to overall height and hand height with the elbow about 30°.
- Forearm crutch should allow flexion of the elbow at 15–30°. The increased flexion allows the arm to bear greater weight. The cuff on the crutch should sit below the back of the elbow.
- Platform or triceps crutch should contact the skin fold of the armpit. The lower cuff should lie below the back of the elbow to avoid bony contact on the arm, yet provide stability.

**Articulating, Spring Assisted Crutch (HCPCS code E0117):** The medical necessity for an underarm, articulating, spring assisted crutch has not been established (CMS, 2005).

### **Walkers**

A standard walker and related accessories are covered when the following criteria are met: the patient has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADL in the home, the patient is able to safely use the walker; and the functional mobility deficit can be sufficiently resolved with use of a walker. A mobility limitation is ANY one that:

- prevents the patient from accomplishing the MRADL entirely
- places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL
- prevents the patient from completing the MRADL within a reasonable time frame (CMS, 2005).

**Standard Walker (HCPCS codes E0130, E0135, E0141, E0143):** A standard walker can have two, three or four wheels that are fixed or swivel. It may be of fixed height or adjustable height and may or may not include glide-type brakes (or equivalent). A glide-type brake consists of a spring mechanism (or equivalent) that raises the leg post of the walker off the ground when the patient is not pushing down on the frame (CMS, 2005).

**Heavy-Duty Walker (HCPCS codes E0148, E0149):** A heavy-duty walker is capable of supporting patients who weigh more than 300 pounds. A heavy-duty walker may include wheels and glide-type brakes. A wheeled walker can have two, three or four wheels that may be fixed or have the ability to swivel. A glide-type brake consists of a spring mechanism (or equivalent) which raises the leg post of the walker off the ground when the

individual is not pushing down on the frame. The walker height can be fixed or adjustable, and the walker may be rigid or folding (CMS, 2005).

**Enclosed Walker (HCPCS code E0144):** An enclosed frame walker is a folding, wheeled walker that has a frame that completely surrounds the patient and an attached seat in the back. Walkers with enclosed frames are not considered medically necessary (CMS, 2005).

**Heavy-Duty Multiple Braking System Variable Wheel Resistance Walker (HCPCS code E0147):** This is a four-wheeled, adjustable-height, folding walker that has all of the following characteristics:

- It is capable of supporting a patient who weighs > 350 pounds.
- It has hand-operated brakes that cause the wheels to lock when the hand levers are released.
- The hand brakes can be set so that either or both can lock both wheels.
- The pressure required to operate each hand brake is individually adjustable.
- There is an additional braking mechanism on the front crossbar.
- At least two wheels have brakes that can be independently set through adjustability to give varying resistance.

A heavy-duty, multiple-braking system, variable-resistance walker is covered for patients who meet coverage criteria for a standard walker and who are unable to use a standard walker due to a severe neuralgic disorder or other condition causing the restricted use of one hand. Obesity by itself is not a medically necessary reason for an HCPCS code E0147 walker (CMS, 2005).

**Walker with Trunk Support (HCPCS code E0140):** A walker with trunk support (e.g. Rifton gait trainer/pacer, DBA Rifton Equipment, Chester, NY; The Walkabout™, Mulholland Positioning Systems Inc., Santa Paula, CA; KidWalk Gait Mobility System, Prime Engineering, Fresno, CA) provides balance and postural control for children or adults who cannot ambulate safely with a traditional walker. A walker with trunk support would be considered medically necessary for patients who require moderate to maximum support for walking and who are capable of walking with the device.

**Knee Crutch/Hands-Free Walker (HCPCS code E0118):** A knee crutch/hands-free walker ( e.g., Roll-A-Bout-walker, Roll-A-Bout Corporation, Frederica, DE; Rolleraid™ Enhanced Mobility Systems, Inc., Spokane, WA , iWALKFree™ , Canadaleg Inc., Mansfield, Ontario, Canada; Turning Leg Caddy®, RAMMTLC LLC, Lynnwood, WA) is a device designed for a below-the- knee injury. The platform for the injured leg features cushions to support the knee and ankle. The wheel of the device is offset in the direction of the injury to provide stability and mobility. A knee crutch/hands-free walker would be considered medically necessary when the patient is not able for clinical reasons to use crutches, standard walkers or other standard ambulatory assist devices.

**Standard Strollers:** Standard strollers are not considered medical in nature. Specially adapted strollers may be considered medically necessary when used in place of a wheelchair. (Refer to the CIGNA HealthCare Coverage Policy Wheelchairs/Power Operated Vehicles).

**Tricycle:** A tricycle (e.g., Rifton Ranger tricycle, DBA Rifton Equipment, Chester, NY) is not considered a primarily medical device and is not an ambulatory assistance alternative to a standard walker, gait trainer, or wheelchair.

#### **Accessories**

**Tips and Pads:** Cane, crutch and walker tips and pads are rubber (or rubber substitute) device accessories that are applied to the ground end of mobility aids to prevent skidding or that are applied to the body contact area of the device for comfort, or as an aid in using an ambulatory assist device. These types of tips and pads are considered medically necessary when intended for medical purposes.

**Leg Extensions:** Leg extensions may be considered medically necessary for patients who are six feet tall or more.

**Arm Rests:** Arm rest attachments may be considered medically necessary when the patient's ability to grip is impaired.

**Enhanced Accessory:** An enhanced accessory is one that does not contribute significantly to the therapeutic function of the walker and would not be considered medically necessary. It may include, but is not limited to, style, color, hand-operated brakes (other than those described in HCPCS code E0147), seat attachments (HCPCS code E0156), basket or other equipment (CMS, 2005). Walking belts are not considered primarily medical in nature.

**Summary**

Mobility assistive equipment (MAE) is considered medically necessary for patients who have a personal mobility limitation sufficient to impair their participation in mobility-related activities of daily living (MRADL) (e.g., toileting, feeding, and dressing, grooming, and bathing) in customary locations in the home. A mobility limitation is any one that:

- prevents the patient from accomplishing the MRADL entirely
- places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL
- prevents the patient from completing the MRADL within a reasonable time frame

Canes and crutches are considered medically necessary when prescribed by a physician for a patient with a condition that is causing impaired ambulation, and when there is a potential for ambulation. Standard walkers, heavy-duty walkers (with or without multiple-braking systems or variable resistance), walkers with trunk support, and knee crutch/hands-free walkers are all considered medically necessary when criteria specific to that device are met.

Walkers with enclosed frames, articulating, spring assisted crutches and enhanced accessories that do not contribute significantly to the therapeutic function of the device are not considered medically necessary.

Standard strollers, tricycles or walking belts are not considered medical in nature.

**Coding/Billing Information**

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary:**

<b>HCPCS Codes</b>	<b>Description</b>
A4635	Underarm pad, crutch, replacement, each
A4636	Replacement handgrip, cane ,crutch, or walker, each
A4637	Replacement tip, cane, crutch, or walker, each
E0100	Cane, includes canes of all materials, adjustable or fixed with tip
E0105	Cane, Quad or three prong, includes canes of all materials, adjustable or fixed with tips
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
E0111	Crutches, forearm includes crutches of various materials, adjustable or fixed, each , with tip and handgrips
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
E0113	Crutch underarm, wood, adjustable or fixed, each with pad, tip and hand grip
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0116	Crutch underarm, other than wood, adjustable or fixed with PAD, tip, handgrip with or without shock absorber, each

E0118	Crutch substitute, lower leg platform, with or without wheels, each
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
E0143	Walker, folding, wheeled, adjustable or fixed height
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
E0153	Platform attachment, forearm crutch, each
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pickup walker, per pair
E0157	Crutch attachment, walker, each
E0158	Leg extensions for a walker, per set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each

ICD-9-CM Diagnosis Codes	Description
715.09	Generalized osteoarthritis, involving multiple sites
726.5	Enthesopathy of hip region
726.60- 726.69	Enthesopathy of knee
726.70- 726.79	Enthesopathy of ankle and tarsus
727.06	Tenosynovitis of foot and ankle
727.51	Synovial cyst of popliteal space
727.67	Rupture of tendon, nontraumatic; Achilles tendon
727.68	Rupture of tendon, nontraumatic; Other tendons of foot and ankle
821.00- 821.39	Fracture of other and unspecified parts of femur
822.0-822.1	Fracture of patella
823.00- 823.92	Fracture of tibia and fibula
824.0-824.9	Fracture of ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20- 825.29	Fracture of other tarsal and metatarsal bones, closed
825.30- 825.39	Fracture of other tarsal and metatarsal bones, open
827.0-827.1	Other, multiple, and ill-defined fractures of lower limb
845.00- 845.19	Sprains and strains of ankle and foot

**Convenience/Not Medically Necessary/Not Covered:**

HCPCS Codes	Description
E0117	Underarm articulating, spring assisted crutch
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0156	Seat attachment, walker

ICD-9-CM Diagnosis Codes	Description
	All codes

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## Policy History

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<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	3/15/2007	0050	Ambulatory Assistance Devices

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