



Health & Human Services

GAIT TRAINERS/WALKERS
Service Authorization Required: Yes
CMN Required: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE DATE: March 2007

REVISED: November 2023

GAIT TRAINERS/WALKERS

Indications and limitations of coverage appropriateness:

Coverage allowed if **all** the following conditions are present:

- Medical condition impairing ambulation; and
- There is potential for ambulation; and
- Need for greater stability and security.

Documentation Requirements:

- A prescription from prescribing practitioner.
- Practitioner exam within 90 days of the service authorization start date.
- Medical documentation supporting the need.

Billing Tips:

- Heavy Duty: Allowed if member weighs more than 300 lbs.
- Heavy Duty with Multi-Breaking System: Allowed if severe neurological disorder or other condition causing the restricted use of one hand.
- Pediatric gait trainer: Use appropriate code of E8000, E8001, or E8002.
- Adult gait trainers: If a gait trainer has a feature described by one of the walker attachment codes, that code may be separately billed.

Non-covered:

- Enhancement accessories or other unique features of gait trainers/walkers are not separately payable and may not be billed with code E1399.



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Date Revised	Revisions
February 2019	Reformatted to new format. Removed <i>Walker</i> . Limited to one every seven years. <i>Gait trainer</i> . Limited to one every ten years as is listed on the Limits and Restriction schedules.
December 27, 2022	Reviewed and reformatted. In Documents Required section bullet 2 60 changed to 90. Updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.