VERMONT

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The Office of Vermont Health Access Medical Guidelines

Subject: Ambulatory Assistive Devices

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Revision 2:
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Description of Service or Procedure

Cane: A device used to assist with support and balance during ambulation. It is designed for single handed use although some individuals choose to use 2 canes rather than crutches or a walker. It has between one and four legs, with the additional legs providing additional support. A medically appropriate cane must be sized to fit the individual correctly, must be able to support the beneficiary's weight, and has a non-skid tip on each leg.

Crutches: Devices used to assist with support and balance during ambulation. It is designed for either bilateral or unilateral use. Axillary crutches provide support through the upper lateral thorax and wrists. Forearm crutches, also known as Lofstrand or Canadian crutches, provide support through the forearms and wrists. Medically appropriate crutches must be sized to fit the individual correctly, must be able to support the beneficiary's weight, and have non-skid tips on the ends.

Walkers: A 3-4 legged or wheeled, device used to assists with support and balance during ambulation. A hemi walker is a 4 legged device used unilaterally and is actually a type of cane. Walkers are generally designed for bilateral use, and provide support either through the wrists or through the forearms if platform attachments are applied. Certain walkers, such as "gait trainers" also provide support through the trunk or through the pelvic area via use of a seat or pelvic sling.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's Aid Category. Prior Authorization is only valid if the Beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

7102.1 Criteria for services requiring prior authorization: "…less expensive appropriate alternatives to the health service are generally available…"

7102.2 Prior Authorization Determination

7103 Medical Necessity

Coverage Position

Canes, crutches, or walkers may be covered for those beneficiaries who:

- Are VT Medicaid beneficiaries on the date of service, AND
- For whom the device was prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable in the area of orthopedics, neurology and/or pediatrics and who provides medical care to the beneficiary, AND
- Meet the clinical guidelines below.

Coverage guidelines

Ambulatory assistive devices are covered for individuals who demonstrate the following to a practitioner skilled in the analysis of gait and balance, such as a physical therapist or physician:

- The stability and support provided by the device safely fulfills the individual's mobility, AND
- A more normalized gait pattern is achieved by the use of the ambulatory assistive device, AND
- An acceptable level of energy conservation is achieved with the use of the device, AND
- The device is fully usable in the home environment and the environments required to access medical appointments.

The determination of the covered ambulatory assistive device must be made by a practitioner skilled in the evaluation and analysis of mobility dysfunction.

- **Canes** are covered for individuals with mild gait and balance dysfunction. Single point canes are the least stable, followed by small based "quad canes," large based "quad canes," and "hemi walkers."
- **Crutches** are covered for individuals with moderate to severe gait and balance dysfunction. A single crutch is covered for individuals with unilateral dysfunction who require more stability than a cane offers. Axillary crutches are generally less expensive than forearm crutches, but may not be covered for individuals with thoracic discomfort or where breast tissue impacts the use of axillary crutches. Platform crutches are covered for individuals who cannot bear weight through the wrists and must be supported through the forearms instead.
- **Walkers** are covered for individuals with moderate to severe gait and balance dysfunction, who need additional stability in their ambulatory assistive device. Certain walkers may include components to support the beneficiary in terms of positioning or endurance (for example, a lateral support, or a seat). Others may have components to support medically necessary equipment (for example, a small oxygen tank). Documentation describing the medical necessity of each component is required bear weight.
- **Special Types of Walkers**: these devices are covered for beneficiaries who meet all the guidelines for walkers AND meet the following conditions for a special types of walker:
  - Folding walkers are covered for beneficiaries who must travel frequently to medical appointments and who demonstrate a need for a folding walker for safe transport.
  - Reciprocal walkers are covered for beneficiaries who are able to utilize a reciprocal gait pattern for ambulation and are able to physically lift the walker to advance it during ambulation.
  - Posterior walkers are covered for beneficiaries who require posterior support to improve posture, promote proper weight shifting, and/or promote limb advancement during the gait cycle.
  - Wheeled walkers may have 2, 3 or 4 wheels; the wheels may be pivoting, forward only, or allow forward/backward movement. They are covered for beneficiaries who do not have the physical strength or coordination to lift a non-wheeled walker to advance it forward OR who have a cardiac or pulmonary condition that contraindicates the lifting of a walker to advance it forward. Wheeled walkers are generally inappropriate for individuals who are unable to bear weight through one leg.
  - Heavy duty walkers are covered for beneficiaries who weigh more than 300 pounds, or if the beneficiary has a condition that results in excessive wear on a standard walker (for example, significant spasticity).

- Heavy duty walkers with multiple braking systems and variable wheel resistance are covered for individuals who require a high degree of movement control from the walker (for example, severe spasticity).
- Enclosed frame walkers are covered for individuals who have severe endurance deficits, resulting in a need for frequent or constant sitting while using the walker. They also are covered for individuals with such severe flexion contractures of the lower extremities that standing upright is not feasible. Certain enclosed frame walkers accept positioning components for individuals requiring postural support during ambulation.
- Gait trainers are a type of enclosed frame walker, which are constructed to accommodate growth and positioning. They are covered for children who require more support than a walker. The support may be anterior, posterior, or upright. All accessories and components are included with the gait trainer procedure code.

Clinical guidelines for repeat service or procedure

When the device has been outgrown, OR
When the device no longer meets the medical needs of the beneficiary, OR
When the device is no longer functional through normal wear and tear (expected to be at least 5 years.)

Type of service or procedure not covered (this list may not be all inclusive)

When the device is not deemed a medical necessity or is inappropriate for the amount of support required.

References

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