

MO HealthNet PA Criteria

Medical Procedure Class:	Walkers – E0130NU; E0130RR; E0135NU; E0135RR; E0140NU; E0140RR; E0141NU; E0141RR; E0143NU; E0143RR; E0147NU; E0147RR; E0148NU; E0148RR; E0149NU; E0149RR
Implementation Date:	Smart PA Implementation – December 5, 2008 CyberAccess Implementation – December 9, 2008
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

 New Criteria
 Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of walkers.
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	<p>Standard Walkers E0130: Walker – rigid (pickup), adjustable or fixed height E0135: Walker – folding (pickup), adjustable or fixed height E0141: Walker – rigid, wheeled, adjustable or fixed height E0143: Walker – folding, wheeled, adjustable or fixed height ***Exclusion: Rollator Walkers (4-wheeled walkers)</p> <p>Walker with Trunk Support E0140: Walker – with trunk support adjustable or fixed height, any type</p> <p>Walker with Variable Wheel Resistance E0147: Walker – heavy duty, multiple breaking system, variable wheel resistance</p> <p>Heavy Duty Walkers E0148: Walker – heavy duty, without wheels, rigid or folding, any type, each E0149: Walker – heavy duty, wheeled, rigid or folding, any type ***Exclusion: Rollator Walkers (4-wheeled walkers)</p>
Setting & Population:	All MO HealthNet fee-for-service participants
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD <input checked="" type="checkbox"/> MHN Policy

Setting & Population

All MO HealthNet fee-for-service patients

Approval Criteria

Standard Walker Criteria:

1) The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home. An MRADL is considered to be; toileting, feeding, dressing, grooming and bathing.

A mobility limitation is one that:

- a) Prevents the patient from accomplishing the MRADL entirely, or
 - b) Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
 - c) Prevents the patient from completing the MRADL within a reasonable time frame;
- AND

2) The patient is able to safely use the walker; AND

3) The functional mobility deficit can be sufficiently resolved with use of a walker.

Walker with Trunk Support

Must meet all criteria for standard walker AND patient medical record MUST document medical necessity for trunk support.

Walker with Variable Wheel Resistance

Must meet all criteria for standard walker AND patient must suffer from severe neurologic disorder causing restricted use of one hand.

Heavy Duty Walker Criteria:

Must meet all criteria for standard walker AND patient's weight must be at 301 pounds or greater.

Denial Criteria

Will be denied if any of the approval criteria is not met.

Approval Period

Purchase – purchase if needed for more than 10 months (automatic purchase)
OR

Rental – rental, physician specified length of need 1-10 months (considered purchased after 10 months of rental)

Appendix A: Possible Step 1 and Step 2 Questions

**The following questions may be encountered as part of the approval and denial criteria. Depending upon the patient's history and the way previous questions may be answered, not every question may be asked for every patient and many not be encountered in the exact order below.

1. Does mobility limitation prevent patient from accomplishing mobility related activities of daily living (MRADL) entirely?
2. Does mobility limitation place the patient at reasonably heightened risk of morbidity or mortality, secondary to the attempts to perform the MRADL?
3. Does mobility limitation prevent patient from completing the mobility related activity of daily living in a reasonable time frame?
4. Is patient able to safely use a walker?
5. Is the functional mobility deficit sufficiently resolved with use of a standard or heavy duty walker? (standard walker features include adjustable height, fixed height, wheeled, or folding)
6. What is patient's weight? _____
7. What is the duration of need? _____
8. Is the functional mobility deficit sufficiently resolved with use of a standard walker?
9. Does patient medical record document medical necessity for trunk support?
10. Does patient suffer from severe neurologic disorder causing restricted use of one hand?