

## Coverage Criteria for Walkers

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To be eligible for reimbursement by the patient's insurance, the following requirements must be met and clearly documented in the **Office Visit Notes**:

1. The beneficiary 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. A mobility limitation is one that:
  - a. Prevents the beneficiary from accomplishing the MRADL entirely, or
  - b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, or
  - c. Prevents the beneficiary from completing the MRADL within a reasonable time frame; and
2. The beneficiary is able to safely use the walker; and
3. The functional mobility deficit can be sufficiently resolved with use of a walker.

A heavy duty walker is covered for beneficiaries who meet coverage criteria for a standard walker and who weigh more than 300 pounds.

\*For some items to be covered by Medicare, a written order prior to delivery (WOPD) is required.



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