

5101:3-10-30

Canes, crutches and walkers.**(A) Definitions**

- (1) Mobility-related activities of daily living (MRADL): MRADL's are considered to be activities relating to toileting, feeding, dressing, grooming, and bathing performed in customary locations in the home.
- (2) Mobility limitation: The consumer is considered to possess a mobility limitation if one of the following criteria is met:
- (a) The consumer is prevented from accomplishing MRADL's entirely; or
 - (b) The consumer is placed at a reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform MRADL's; or
 - (c) The consumer is prevented from completing MRADL's within a reasonable time frame.

(B) Canes and crutches**(1) Coverage determination**

- (a) Canes and crutches are covered if all of the following criteria are met:
 - (b) The consumer has a mobility limitation, documented in the consumer's medical record, that significantly impairs his or her ability to participate in one or more MRADL's in the home; and
 - (c) The consumer is able to safely use the cane or crutch; and
 - (d) The functional mobility deficit can be sufficiently resolved by use of a cane or crutch.
- (2) In addition to the aforementioned criteria, the cane or crutch must have been authorized by a prescriber who is actively involved in managing the consumer's mobility difficulties and should be treating the consumer under a comprehensive plan of care that addresses the consumer's mobility difficulties.

(C) Walkers**(1) Coverage determination**

- (a) Walkers are covered if all of the following criteria are met:
- (i) The consumer has a mobility limitation, documented in the consumer's medical record, that significantly impairs his or her

ability to participate in one or more MRADL's in the home; and

(ii) The consumer is able to safely use the walker; and

(iii) The functional mobility deficit can be sufficiently resolved by use of a walker.

(b) In addition to the aforementioned criteria, the walker must have been authorized by a prescriber who is actively involved in managing the consumer's mobility difficulties and should be treating the consumer under a comprehensive plan of care that addresses the consumer's mobility difficulties.

(2) Heavy duty walkers

(a) A heavy duty walker is covered only for consumers who meet the criteria in paragraph (C) of this rule for a standard walker and who weigh more than three hundred pounds.

(b) A heavy duty, multiple braking system, variable wheel resistance walker is covered for consumers who meet the criteria in paragraph (C) of this rule for a standard walker, who weigh more than three hundred pounds and who are unable to use a standard walker due to a documented severe neurologic disorder or other condition causing the restricted use of one hand. Obesity, by itself, is not a sufficient reason for this type of walker.

(3) Enclosed frame walker

In order to justify reimbursement for an enclosed frame walker, providers must document in the consumer's medical record why this type of walker is medically necessary in place of a standard walker. This documentation must contain the original signature of the ordering prescriber that attests to this medical necessity.

(4) Trunk support walker

In order to justify reimbursement for a walker with trunk support, providers must document in the consumer's medical record why this type of walker is medically necessary in place of a standard walker. This documentation must contain the original signature of the ordering prescriber that attests to this medical necessity.

(5) Walker leg extensions

Walker leg extensions are covered only for consumers six feet tall or more when standing.

(D) Canes, crutches and walker limitations

(1) It is the provider's responsibility to assure that the consumer receives the appropriate mobility assistive device consistent with his or her present medical condition and diagnosis and to verify that the consumer has not previously acquired a duplicate mobility assistive device that exceeds the limitations set forth in appendix A to rule 5101:3-10-03 of the Administrative Code from a different provider.

(2) Canes, crutches and walkers for consumers residing in long term care facilities are reimbursed through the facility's cost report.

(E) Reimbursement

Canes, crutches and walkers are reimbursed the lesser of the department's fee schedule contained in appendix DD to rule 5101:3-1-60 of the Administrative Code or the provider's usual and customary charge.

Effective: 08/17/2009

R.C. 119.032 review dates: 08/01/2014

CERTIFIED ELECTRONICALLY

Certification

08/03/2009

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.021