

Walker Allowables Medicare/Medicaid and Insurance Guideline Information

MEDICARE:

Medicare (MDC) will purchase a walker, with or without wheels. If replacement is needed Medicare will allow one every five years.

MDC will allow for a folding walker w/o wheels	E0135 \$75.88
MDC will allow for a junior or adult folding wheeled walker	
MDC will allow for a bariatric (must weigh at least 301 lbs)	
MDC will allow for a seat attachment	

The seat attachment will bill if the patient chooses a four wheeled walker with brakes and a seat

Four wheeled walkers with brakes and seat are available in standard and bariatric styles.

If the patient has previously received a standard walker and wants to purchase a four wheeled walker with brakes we are able to bill the seat attachment for patient reimbursement.

MEDICAID:

Medicaid will purchase a walker, with or without wheels. If replacement is needed Medicaid will allow one every 12 months.

Medicaid will allow for a folding walker w/o wheels	E0135 \$83.84
Medicaid will allow for a junior or adult folding wheeled walker	E0143 \$106.09
Medicaid will allow for a bariatric (must weigh at least 301 lbs) fww	E0149 \$227.09
Medicare will allow for a seat attachment	E0156 \$21.40

PRIVATE INSURANCE:

We do provide insurance verification before setup. Insurance verification is never a guarantee of payment to THC. Many private insurance companies exclude coverage for compression garments. Every individual has different coverage depending on his/her insurance plan. We do our best to inform you about what we are able to find out. However, it is your responsibility to know and understand your policy provisions. Garments billed to insurance bill above the cash ticketed price based on insurance allowables. If you request billing to insurance you are financially responsible to THC for the dollar figure billed to insurance in the event that the item is not covered.

In order to bill your insurance we must first have a prescription and your insurance information.



