

Rollator Walker

A Rollator is a walker that is similar to the wheeled walker except that it is equipped with hand brakes and a seat attachment. The Rollator is a 4-wheeled walker that is also capable of including attachments such as a basket or tray.

**HCPCS Code:**

E0143 - wheeled walker
E0156 - platform seat

Category:

Inexpensive/Routinely
Purchased

Common Diagnosis:

(check for current coding)
781.2 Gait Abnormality
340. Multiple Sclerosis (MS)
715.90 Osteoarthritis
428.0 Congestive Heart Failure
733.00 Osteoporosis
714.0 Rheumatoid Arthritis
343.9 Cerebral Palsy

Coverage Information

Requires a Detailed written order

- 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; AND
- Patient requires additional stability not provided by canes and crutches (see cane / crutch criteria) AND can safely use a walker
- The mobility deficit can be resolved with a walker

Note 1: You will bill 2 codes for this product, E0143 for the wheeled walker, and E0156 a platform seat attachment. No additional documentation or coverage criteria required for the seat attachment.

Note 2: Additional features may be incorporated into a rollator (such as a basket) but are not separately reimbursable by insurance payers.

Note 3: A patient is not covered for an ambulatory aide such as a cane or walker AND a wheelchair at the same, UNLESS there is documentation in the medical record that the patient is in a gait retraining program via physical therapy. In that case, the wheelchair would be covered for a maximum of 6 months. Ensure that the patient is in physical therapy for gait retraining, and enter "Pt. in gait retraining w [name of rehab facility]" in box 19 of the narrative record.

Documentation Requirements: in addition to the basic Medicare documentation (proof of delivery, AOB, detailed written order, etc.)

- The detailed written order form must contain the patient's name, and a description of the item provided, physician signature and date, and the start date of the order if different than the physician signature date.