



Health & Human Services

**GAIT TRAINERS/WALKERS**  
Service Authorization Required: Yes

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE DATE: March 2007

REVISED: December 2025

**GAIT TRAINERS/WALKERS**

**Indications and limitations of coverage appropriateness:**

Coverage allowed if **all** the following conditions are present:

- Medical condition impairing ambulation; and
- There is potential for ambulation; and
- Need for greater stability and security.

**Documentation Requirements:**

- A prescription from a prescribing practitioner.
- Practitioner exam within 90 days of the service authorization start date.
- Medical documentation supporting the need.

**Billing Tips:**

- Heavy Duty: Allowed if member weighs more than 300 lbs.
- Heavy Duty with Multi-Breaking System: Allowed if a severe neurological disorder or other condition causes the restricted use of one hand.
- Pediatric gait trainer: Use appropriate code of E8000, E8001, or E8002.
- Adult gait trainers: If a gait trainer has a feature described by one of the walker attachment codes, that code may be separately billed.

**Non-covered:**

- Enhancement accessories or other unique features of gait trainers/walkers are not separately payable and may not be billed with code E1399.



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<b>Date Revised</b>	<b>Revisions</b>
February 2019	Reformatted to the new format. Removed <i>Walker</i> : Limited to one every seven years. <i>Gait trainer</i> : Limited to one every ten years, as is listed on the Limits and Restrictions schedules.
December 27, 2022	Reviewed and reformatted. In the Documents Required section, bullet 2, 60 changed to 90. Updated with a new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 19, 2025	Reviewed and reformatted. Removed the "CMN" verbiage from the header section.