



## Ohio Administrative Code Rule 5160-10-30 DMEPOS: ambulation aids.

Effective: January 1, 2024

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### (A) Definitions.

- (1) "Ambulation aid" is a collective term for a cane, crutch, or walker.
- (2) "Ambulatory limitation" is an impediment to walking that has either of two effects:
  - (a) It prevents an individual from completing activities of daily living within a reasonable time (or at all); or
  - (b) It places an individual at a demonstrably higher risk of injury, exacerbation of illness, or death when activities of daily living are performed.

### (B) Coverage.

- (1) No particular form or format is specified for the certification of medical necessity.
- (2) Payment may be made for a covered ambulation aid if all of the following criteria are met:
  - (a) The individual has an ambulatory limitation that is documented in the individual's medical record;
  - (b) The ambulation aid has been prescribed by a qualified practitioner;
  - (c) The individual is able to use the ambulation aid safely; and
  - (d) The ambulation aid reduces the ambulatory limitation enough to permit the individual to complete activities of daily living in a reasonable amount of time and with a reasonable degree of safety.



(3) Additional coverage criteria are specific to particular ambulation aids:

(a) For a heavy-duty walker, the individual weighs at least three hundred pounds.

(b) For a heavy-duty walker with multiple braking system and variable wheel resistance (a four-wheeled walker having at least two wheels with hand-operated brakes that can be independently adjusted and lock the wheels when either or both hand levers are released), the individual both weighs at least three hundred pounds and is unable to use a standard heavy-duty walker because the use of one hand is restricted.

(c) For an enclosed-frame walker, the prescriber describes and attests in writing to the medical necessity, and the provider keeps a copy of this document in the individual's file.

(d) For a trunk-support walker, the prescriber describes and attests in writing to the medical necessity, and the provider keeps a copy of this document in the individual's file.

(e) For walker leg extensions, the individual stands at least six feet tall.

(f) For a white cane that is to be used as a mobility aid, the provider maintains documentation that the individual cannot obtain an equivalent cane free of charge (e.g., from a source such as the "Free White Cane Program" administered by the national federation of the blind, <http://nfb.org>).