

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.142.MH  
Last Review Date: 11/28/2017  
Effective Date: 02/01/2018

### MP.142.MH – Knee Scooters (MedStar Select Only)

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)

MedStar Health considers **Knee Walkers and Scooters** medically necessary for the following indications:

1. Member 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.
2. Member has a mobility limitation (e.g. non-weight bearing on one extremity)
3. The member is able to safely use the knee walker; and
4. The functional mobility deficit can be sufficiently resolved with use of a knee walker.

**Limitation:** Medical necessity will only be met with member is unable to safely able to use a standard walker or crutch

#### Background

A knee scooter or knee walker is a two, three or four-wheeled alternative to crutches or a traditional walker as an ambulation aid

#### Code:

CPT/HCPCS	Description
E0118	Crutch substitute, lower leg platform, with or without wheels, each

#### References

1. Roberts, P et Carnes, S. The orthopaedic scooter. An energy-saving aid for assisted ambulation. J Bone Joint Surg Br. 1990 Jul;72(4):620-1.

#### Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable

## **MP.142.MH – Knee Scooters (MedStar Select Only)**

Policy Number: MP.142.MH  
Last Review Date: 11/28/2017  
Effective Date: 02/01/2018

Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.