



Ambulatory Aid Support Documentation

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Documentation Requirements

Walker/Canes/Crutches – All Insurances

- Ambulatory Aids Prescription
- Medical records (see below for criteria)

Knee Scooters

- Medicaid – Certificate of Medical Necessity
- Non-Medicaid payors – Ambulatory Aids Prescription
- Medical records (see below for criteria)

Medical Record Requirements

- Face-to-face visit with treating practitioner. Additional clinician notes (PT, OT, etc.) can support medical necessity but cannot replace the face-to-face visit. Records must support:
 - The patient has a mobility limitation that impacts their activities of daily living.
 - Examples of MRADLs – Toileting, bathing, grooming, cooking.
 - For Medicare, MRADLs must be within the home.
 - The mobility limitation does one of the following:
 - Prevents the patient from accomplishing MRADLs entirely.
 - Prevents the patient from accomplishing MRADLs within a reasonable timeframe.
 - Puts the patient at higher risk for injury or death secondary to completing MRADLs.
 - The patient can safely use the item, and the ambulatory aid will resolve the mobility limitation.
 - For heavy-duty walkers, the medical record must have a documented weight above 300 lbs. within the last 30 days.
- For Medicaid, this visit must take place within 6 months of the order.