

Medical Policy



Canes and Crutches

▼ Description

A cane is a device held in the hand to assist with ambulating by decreasing the amount of weight placed on the lower extremities. A crutch is a device to assist in walking, usually with a crosspiece at one end to fit under the armpit. A white cane is used by the visually impaired to assist with mobility. Canes (E0100, E0105) and crutches (E0110-E0116) are covered if all of the following criteria listed below are met).

▼ Policy

A cane or crutch is considered reasonable and necessary to assist with ambulation in qualifying members.

▼ Policy Guidelines

Coverage Criteria - medically necessary if all of the following (1-4) are met:

1. Must be ordered by the Member's treating physician.
2. The 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.

The MRADL to be considered in this and all other statements in this policy are toileting, feeding, dressing, grooming, and bathing performed in customary locations in the home.

A mobility limitation is one that:

- a) Prevents the Member from accomplishing the MRADL entirely, or
 - b) Places the Member at reasonably determined heightened risk or morbidity or mortality secondary to the attempts to perform an MRADL; or
 - c) Prevents the Member from completing the MRADL within a reasonable time frame. And,
3. The Member is able to safely use the cane or crutch; and
 4. The functional mobility deficit can be sufficiently resolved by use of a cane or crutch.

Limitations:

1. If all of the criteria are not met, the cane or crutch will be considered not reasonable and necessary.
2. The medical necessity for an underarm, articulating, spring assisted crutch (E0117) has not been established. If an E0117 is ordered, it will be considered as not reasonable and necessary.
3. A Crutch Substitute (Roll About) E0118 is considered reasonable and necessary when a member cannot use crutches, a standard walker or other standard ambulatory assist devices.

Northwood Policy: Rental or Purchase of Durable Medical Equipment

▼ **HCPCS Level II Codes and Description**

A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH
A9270	NON-COVERED ITEM OR SERVICE
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH

▼ **Important Note:**

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

National Government Services, Inc. Jurisdiction B DME MAC, Canes and Crutches. Local Coverage Determination No. L33733; revised date October 1, 2015.

National Heritage Insurance Company (NHIC), Canes and Crutches. Local Coverage Determination No. L33733. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised October 1, 2015.

Aetna: DME Policies and Procedures, Ambulatory Assist Devices: Walkers, Canes and Crutches policy #0505. Effective 6/12/2001. Last review 8/15/2012.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	Ken Fasse	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008
02	12-04-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.2009
03	11-19-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Nov.2010
04	1-05-11	Deleted: Least costly alternative language for code E0117	Susan Glomb	Ken Fasse	Jan.2011
05	07-20-11	Added Important Note to all Medical Policies and updated to reflect current policies	Susan Glomb	Dr. B. Almasri	
06	11-07-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 11
07	11-28-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
08	06-18-13	Added E0118 to policy. Must be sent to case review. Authorized if member is unable to use crutches, a standard walker or other standard amb assist devices.	Susan Glomb	Dr. B. Almasri	
09	12-30-13	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
11	12-03-15	Annual Review. Updated Medicare reference.	Lisa Wojno	Dr. B. Almasri	December 2015

12	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
13	04-06-17	Policy reviewed per CMS memo. No changes required at this time	Susan Glomb	Dr. C. Lerchin	
14	12-8-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017
15	10-15-18	Removed criteria "E0118 must be sent to case review".	Carol Dimech	Dr. C. Lerchin	October 2018
16	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018