

## 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 and noncovered because it is considered a “self-help” item. 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

##### Medicare Member Coverage Criteria:

Refer to Medicare’s medical policy (L33733) and article (A52459) for coverage criteria.

##### Non-Medicare Member Coverage Criteria:

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

1. Must be ordered by the Member’s treating practitioner.
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,

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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. **For Commercial and Medicaid members** - A Crutch Substitute (Roll-A-Bout) E0118 is considered reasonable and necessary when a member cannot use crutches, a standard walker or other standard ambulatory assist devices. Refer to Medicare Advantage specific criteria below.

### 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                           |

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- 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
- E0153 PLATFORM ATTACHMENT, FOREARM CRUTCH, 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 practitioner in connection with diagnosis and treatment decisions.

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Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

#### References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; Last accessed/reviewed 11-5-25.

National Government Services, Inc. Jurisdiction B DME MAC, Canes and Crutches. Local Coverage Determination No. L33733; Last accessed/reviewed 11-5-25.

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.

[https://www.aetna.com/cpb/medical/data/500\\_599/0505.html#dummyLink1](https://www.aetna.com/cpb/medical/data/500_599/0505.html#dummyLink1) Last accessed/reviewed 11-5-25.

#### Special Coverage Information Per Plan:

|                                       |   |
|---------------------------------------|---|
| <b>For Medicare Advantage Members</b> | There is insufficient published clinical literature demonstrating safety and effectiveness to establish medical necessity for the CRUCH SUBSITTUTE E0118 (Roll-A-Bout) versus the standard cane, crutch, or walker. |
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#### Change/Authorization History

| Revision Number | Date     | Description of Change      | Prepared / Reviewed by | Approved by | Review Date: | Effective Date: |
|-----------------|----------|----------------------------|------------------------|-------------|--------------|-----------------|
| A               | 11-20-06 | Initial Release            | Rosanne Brugnani       | 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     |                 |

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|----|----------|---|--------------|----------------|---------------|--|
| 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 | 04-03-12 | Added reference to NH Medicaid  | Susan Glomb  | Dr. B. Almasri |               |  |
| 08 | 11-28-12 | Annual Review – No changes  | Susan Glomb  | Dr. B. Almasri | Nov 12        |  |
| 09 | 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 |               |  |
| 10 | 12-30-13 | Annual review. No changes   | Susan Glomb  | Dr. B. Almasri |               |  |
| 11 | 11-24-14 | Annual Review. No changes   | Susan Glomb  | Dr. B. Almasri |               |  |
| 12 | 12-03-15 | Annual Review. Updated Medicare reference.  | Lisa Wojno   | Dr. B. Almasri | December 2015 |  |
| 13 | 12-01-16 | Annual Review. No Changes.  | Lisa Wojno   | Dr. B. Almasri | December 2016 |  |
| 14 | 04-06-17 | Policy reviewed per CMS memo. No changes required at this time.   | Susan Glomb  | Dr. C. Lerchin |               |  |
| 15 | 12-8-17  | Annual review. No changes.  | Carol Dimech | Dr. C. Lerchin | December 2017 |  |
| 16 | 10-15-18 | Removed criteria “E0118 must be sent to case  | Carol Dimech | Dr. C. Lerchin | October 2018  |  |

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|----|----------|--|--------------|----------------|-------------------|------------------|
|    |          | review”. Medicare Advantage member criteria (box) also added: There is insufficient literature demonstrating safety and effectiveness to establish medical necessity for the CRUTCH SUBSTITUTE <b>E0118</b> (Roll-A-Bout) versus the standard cane, crutch, or walker. |              |                |                   |                  |
| 17 | 11-30-18 | Annual Review. No Changes.   | Lisa Wojno   | Dr. C. Lerchin | November 2018     |                  |
| 18 | 11-15-19 | Annual review. No changes.   | Carol Dimech | Dr. C. Lerchin | November 2019     | 11-15-19         |
| 19 | 11-6-20  | Annual review. Changed “treating physician” to “treating practitioner”.  | Carol Dimech | Dr. C. Lerchin | November 6, 2020  | November 6, 2020 |
| 20 | 11-16-21 | Annual review. Added NCD, LCD verbiage to “Important Note”.  | Carol Dimech | Dr. C. Lerchin | November 16, 2021 |                  |
| 21 | 11-2-22  | Annual review. No changes.   | Carol Dimech | Dr. C. Lerchin | 11-2-22           | 11-2-22          |
| 22 | 11-7-23  | Annual review. No changes.   | Carol Dimech | Dr. C. Lerchin | 11-7-23           | 11-7-23          |
| 23 | 11-6-24  | Annual review. No changes.   | Carol Dimech | Dr. C. Lerchin | 11-6-24           | 11-6-24          |
| 24 | 11-5-25  | Annual review. No changes.   | Carol Dimech | Dr. C. Lerchin | 11-5-25           | 11-5-25          |