



360 DEGREE Patient Care

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Medicare Requirements for Canes and Crutches

Documentation Required:

- Detailed Written Order
- Medical records must contain sufficient documentation of the beneficiary's medical condition to substantiate the necessity for the type and quantity of items ordered
- Note: The need for more than one type of Mobility Assistive Equipment Device (e.g., cane and a walker, or a walker and a wheelchair, or a wheelchair and a POV) is NOT covered

Coverage Criteria:

Canes (E0100, E0105) and crutches (E0110-E0116) are covered if all of the following criteria (1-3) are met:

1. The beneficiary 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 MRADLs 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 beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform and MRADL; or c) Prevents the beneficiary from completing the mobility-related activities of daily living within a reasonable time frame.
 2. The beneficiary is able to safely use the cane or crutch; and
 3. The functional mobility deficit can be sufficiently resolved by use of a cane or crutch
- If all of the criteria are not met, the cane or crutch will be denied as not reasonable and necessary
 - Typically, documentation would be a Physical Therapist or Occupational Therapist evaluation
 - The medical necessity for an underarm, articulating, spring assisted crutch (E0117) has not been established. If an E0117 is ordered, it will be denied as not reasonable and necessary

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www.jayhawkpharmacy.com



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Patient Name: _____ DOB: _____ Date: _____

Cane/Crutch Script

Please Mark Required Item

Standard Single Point Cane

Large Base Quad Cane

Small Base Quad Cane

Crutches

Diagnosis: _____

Length of need: _____ (99 months = lifetime)

Signature: _____ Date: _____

Printed name: _____ NPI: _____

Fax back to: (785) 235-9703

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