

## LCD for Canes and Crutches (L11496)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### LCD Information

**LCD ID Number**

L11496

**LCD Title**

Canes and Crutches

**Contractor's Determination Number**

C&C20070701

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**CMS National Coverage Policy**

CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.2, 280.3

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## LCD Information

### Oversight Region

Region I

### DME Region LCD Covers

Jurisdiction A

### Original Determination Effective Date

For services performed on or after 10/01/1993

### Original Determination Ending Date

### Revision Effective Date

For services performed on or after 07/01/2007

### Revision Ending Date

### Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

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

1) The patient 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 patient from accomplishing the MRADL entirely, or
- b) Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
- c) Prevents the patient from completing the mobility-related activities of daily living within a reasonable time frame.

and

## LCD Information

- 2) The patient 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 medically necessary.

The medical necessity for an underarm, articulating, spring assisted crutch (E0117) has not been established. If an E0117 is ordered, payment will be based on the allowance for the least costly medically appropriate alternative, E0116.

### Coverage Topic

Canes and Crutches  
Durable Medical Equipment

## Coding Information

### CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIER:

EY - No physician or other licensed health care provider order for this item or service

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

## Coding Information

E0153 PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH

### ICD-9 Codes that Support Medical Necessity

Not specified.

XX000 Not Applicable

### Diagnoses that Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

### Diagnoses that DO NOT Support Medical Necessity

Not specified.

## General Information

### Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Refer to the Supplier Manual for more information on documentation requirements.

### Appendices

### Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

### Sources of Information and Basis for Decision

### Advisory Committee Meeting Notes

## General Information

**Start Date of Comment Period**

03/30/1993

**End Date of Comment Period**

05/14/1993

**Start Date of Notice Period**

08/01/1993

**Revision History Number**

C&C007

**Revision History Explanation**

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: DMERC references

DOCUMENTATION REQUIREMENTS:

Removed: DMERC references

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

HCPCS CODES:

Description Verbiage revised for E0116.

Revision Effective Date: 05/05/2005

INDICATIONS AND LIMITATIONS OF COVERAGE:

Updated to include NCD 280.3 revised May 2005

Deleted old coverage criteria.

Revision Effective Date: 01/01/2005

LMRP converted to LCD and Policy Article.

Revision Effective Date: 04/01/2004

HCPCS CODES AND MODIFIERS:

Added New HCPCS code E0118

Added A4635 and A4636 back to the HCPCS code array.

Correction 06/01/2003: Added EY modifier inadvertently omitted from 04/02/2003 revision.

Revision Effective Date: 04/02/2003

HCPCS CODES AND MODIFIERS:

Added HCPCS codes A4637, A9270, E0110, E0111, E0117, and E0153.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added introductory language regarding items covered by Medicare. Added standard language concerning coverage of items without an order. Added LCA statement concerning E0117 to pay comparable to E0116.

CODING GUIDELINES:

## General Information

Added A9270 coding instructions for white cane. Added reference to SADMERC information.

### DOCUMENTATION:

Added introductory language regarding medical necessity. Added standard language concerning an order and use of EY modifier for items without an order

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11496 from DME PSC TriCenturion (77011) LCD L11496.

### Reason for Change

### Last Reviewed On Date

### Related Documents

#### Article(s)

[A23660 - Canes and Crutches - Policy Article - Effective July 2009](#)

### LCD Attachments

There are no attachments for this LCD

**Article for Canes and Crutches - Policy Article - Effective July 2009 (A23660)**

**Contractor Information**

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

**Article Information**

**Article ID Number**

A23660

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Canes and Crutches - Policy Article - Effective July 2009

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New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## Article Information

### DME Region Article Covers

Jurisdiction A

### Original Article Effective Date

01/01/2005

### Article Revision Effective Date

07/01/2009

### Article Text

#### **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:**

A white cane for a blind person is noncovered since it is a "self help" item.

#### **CODING GUIDELINES**

Code A9270 must be used for a white cane for a blind person.

All canes and crutches are billed using the specific codes listed in the Local Coverage Determination regardless of their stated weight capacity. Do not use code E1399 (DME, miscellaneous) to code any type of cane or crutch regardless of special features or weight capacity.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

#### **Coverage Topic**

Canes and Crutches  
Durable Medical Equipment

## Coding Information

**No Coding Information has been entered in this section of the article.**

## Other Information

### Revision History Explanation

#### **Revision Effective Date: 07/01/2009**

CODING GUIDELINES:

Changed: SADMERC to PDAC.

#### **03/01/2008**

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A23660 from DME PSC TriCenturion (77011) Article A23660.

#### **06/01/2007**

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

## Other Information

### **03/01/2006**

In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

### **Revision Effective Date: 05/05/2005**

#### **CODING GUIDELINES**

Clarified coding instructions for canes and crutches with special features or weight capacity.

### **Revision Effective Date: 01/01/2005**

LMRP converted to LCD and Policy Article.

## **Related Documents**

### **LCD(s)**

[L11496 - Canes and Crutches](#)