

## CLINICIAN CHECKLIST FOR CANES AND CRUTCHES

## **Policy References:**

- Local Coverage Determination (LCD) (L33733)
- Policy Article (A52459)

**Documentation References**: <u>Standard Documentation Requirements Policy Article (A55426)</u>

The treating clinician must complete the following items:

**Standard Written Order (SWO)** 

Medical records as noted below

## **Medical Documentation**

Canes and crutches are covered if all of the following criteria are met:

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) such as toileting, feeding or dressing in the home. The limitation may:

- Prevent the beneficiary from accomplishing the MRADL entirely, or
- Place the beneficiary at heightened risk of morbidity or mortality due to the attempts to perform an MRADL, or
- Prevent the beneficiary from completing the MRADL within a reasonable time frame;
  and

The beneficiary is able to safely use the cane or crutch; and

The functional mobility deficit can be sufficiently resolved by use of a cane or crutch.