### Local Coverage Determination (LCD):
**Canes and Crutches (L33733)**

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

---

## Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGS Administrators, LLC</td>
<td>DME MAC</td>
<td>17013 - DME MAC J-B</td>
<td>Illinois</td>
<td>Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>DME MAC</td>
<td>19003 - DME MAC J-D</td>
<td>Alaska, American Samoa, Arizona, California - Entire State, Guam, Hawaii, Iowa, Idaho, Kansas, Missouri - Entire State, Montana, North Dakota, Nebraska, Nevada, Oregon, South Dakota</td>
<td></td>
</tr>
</tbody>
</table>

---
**LCD Information**

**Document Information**

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>Original Effective Date</th>
<th>For services performed on or after 10/01/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33733</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original ICD-9 LCD ID</th>
<th>Revision Effective Date</th>
<th>For services performed on or after 01/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>L4989</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L27224</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L11496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L11485</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LCD Title</th>
<th>Revision Ending Date</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canes and Crutches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LCD Title</th>
<th>Retirement Date</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canes and Crutches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association (“AHA”), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.” Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

CMS National Coverage Policy CMS Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.2, 280.3

Coverage Guidance

**Coverage Indications, Limitations, 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
The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the “reasonable and necessary” criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

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 from accomplishing the MRADL entirely, or,
   b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or,
   c. Prevents the beneficiary from completing the MRADL within a reasonable time frame;

   And,

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.

The medical necessity for an underarm, articulating, spring assisted crutch (E0117) has not been established; therefore, if an E0117 is ordered, it will be denied as not reasonable and necessary.

GENERAL

A Detailed Written Order (DWO) (if applicable) 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 a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.
Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

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

HCPCS CODES:

Group 1 Codes:
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
Paragraph text here...
Revision History Information

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2016</td>
<td>R3</td>
<td>Revised: Standard documentation language for orders, added New order requirements, and Correct coding instructions; revised Proof of delivery instructions – Effective 04/28/16 Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</td>
<td></td>
</tr>
<tr>
<td>07/01/2016</td>
<td>R2</td>
<td>Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility Documentation Requirements: Revised: Standard Documentation Language to add who can enter date of delivery date on the POD Added: Instructions for Equipment Retained from a Prior Payer Revised: Repair to beneficiary-owned DMEPOS</td>
<td></td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Associated Documents

Attachments N/A
Related Local Coverage Documents Article(s) A52459 - Canes and Crutches - Policy Article A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

Related National Coverage Documents N/A

Public Version(s) Updated on 03/24/2017 with effective dates 01/01/2017 - N/A Updated on 08/25/2016 with effective dates 07/01/2016 - 12/31/2016 Updated on 06/07/2016 with effective dates 07/01/2016 - N/A Updated on 03/19/2015 with effective dates 10/01/2015 - 06/30/2016 Updated on 04/04/2014 with effective dates 10/01/2015 - N/A Back to Top

Keywords

N/A Read the LCD Disclaimer Back to Top
END OF LOCAL COVERAGE DETERMINATION
Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.
## Local Coverage Article:
Canes and Crutches - Policy Article (A52459)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

---

### Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
</tr>
</thead>
</table>
## Article Information

### General Information

<table>
<thead>
<tr>
<th>Article ID</th>
<th>Original Article Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A52459</td>
<td>10/01/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original ICD-9 Article ID</th>
<th>Revision Effective Date</th>
<th>Revision Ending Date</th>
<th>Retirement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A23925</td>
<td>01/01/2017</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>A47056</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A23660</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A23897</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Article Title

Canes and Crutches - Policy Article

### AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA." Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

## Article Guidance

### Article Text:

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES
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. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. “reasonable and necessary”).

Canes and Crutches are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary’s equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

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

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS.

**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.

Code E0117 describes an articulating crutch which has two crutch legs connected by a bar between them which helps propel the beneficiary forward.

Code E0118 describes a crutch substitute which can be either a device strapped to the lower leg with a platform or a device with wheels and a platform the beneficiary propels with their sound limb.

Canes or crutches which contain a spring that reduces impact and vibration against the ground should not be billed with E1399. These types of canes or crutches should be coded with the existing codes for canes or crutches.

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

---

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.
CPT/HCPCS Codes N/A

ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
</table>
| 01/01/2017            | R2                      | Revision Effective Date: 01/01/2017  
POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  
Added: Direction to Standard Documentation Requirements  
RELATED LOCAL COVERAGE DOCUMENTS:  
Added: LCD-related Standard Documentation Requirements Language Article  
Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles. |
| 07/01/2016            | R1                      | Back to Top Related Local Coverage Document(s) Article(s) A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs LCD(s) L33733 - Canes and Crutches |

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

Public Version(s) Updated on 03/24/2017 with effective dates 01/01/2017 - N/A Updated on 06/07/2016 with effective dates 07/01/2016 - N/A Updated on 04/04/2014 with effective dates 10/01/2015 - N/A Back to Top

Keywords

N/A Read the Article Disclaimer Back to Top