

Canes and Crutches

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan 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. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

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

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.2, 280.3
Local Coverage Determination Policy	J- B/C
Effective Date	For services performed on or after 02/04/11
Review/Revision Date	01/2019, 10/2018, 5/2018, 04/01/2017, 01/01/2016, 05/01/2014
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents. West Virginia Medicaid: See Health Plan DME POS Authorization and Compensation Guide as quantity limits may vary from other lines of business.

DESCRIPTION

An assistive device that provides partial support and balance for ambulation and standing. (1)

COVERAGE GUIDELINES

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

NONCOVERAGE STATEMENT

The medical necessity for an underarm, articulating, spring assisted crutch (E0117) has not been established, and will be denied as not reasonable or necessary.

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. As of 1/01/2019 there is no reimbursement rate in RBRVS for this item. It remains on the non-covered list for West Virginia Medicaid.

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

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

See The Health Plan DME POS Authorization and Compensation Guide for reasonable useful lifetimes per HCPCS code.

Replacement due to loss, significant change in the member's condition, or irreparable accidental damage, natural disaster, or burglary is covered, if the device is still medically necessary. The reason for the replacement must be provided with the precertification or claim submission, if no precertification is required.

CODING INFORMATION

CPT/HCPCS codes: 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
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HCPCS CODES

A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH
A9270	NONCOVERED 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
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH

There are no specified diagnoses or ICD-10 codes that indicate medical necessity.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Precertification is required when supplies used are greater than the usual maximum quantity listed in above. There must be adequate, clear documentation in the medical record corroborating the medical necessity of this amount. This documentation is to be submitted with precertification.

PROVIDED WHILE MEMBER IN PART A FACILITY

Reimbursement for canes or crutches provided to a member while covered in a Part A facility is based on specific contract information with the individual facility, and whether or not the device is intended for use while the member is in the facility or intended for the member to take home.

Payment for the device is included in the payment to a hospital if:

1. The device is provided to a patient during an inpatient hospital stay prior to the day of discharge; and
2. The patient uses the device for medically necessary inpatient treatment or rehabilitation.

A claim must not be submitted in this situation.

Reimbursement for a cane or crutch provided while a member is in a SNF receiving Part A services, will be reimbursed according to individual facility contracts.

BILLING 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, such as springs, 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.

DISPENSING GUIDELINES

There are no unique dispensing guidelines for canes and crutches. For accessories – see The Health Plan Compensation Guide.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health

Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

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INTERNET LINKS AND SOURCES

(1)The Free Dictionary. Medical. <https://medical-dictionary.thefreedictionary.com/canes>

National Government Services Local Coverage Determination Policy. Canes and Crutches. LCD L27224 and Article A47056. Internet Website. Last accessed 10/25/18 Retrieved from: ngsmedicare.com

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 4/15/18: <https://www.dmepdac.com/dmecsapp/>

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 10/25/18
dhhr.wv.gov/bms/Pages/default.aspx

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11

Noridian Healthcare Solutions. E0118 - Crutch Substitute. Original Post on May 4, 2017. Last Updated 10/2018. Last accessed 02/21/19. Retrieved from: <https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/e0118-crutch-substitute>