



Canes and Crutches

DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

Documentation Requirements	Key Items to Address
Duration of patient’s condition	Why does the patient require the item?
Clinical course	Do the physical examination findings support the need for the item?
Prognosis	Signs and symptoms that indicate the need for the item
Nature and extent of functional limitations	Diagnoses that are responsible for these signs and symptoms
Other therapeutic interventions and results	Other diagnoses that may relate to the need for the item

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:

- Prevents the beneficiary from accomplishing the MRADL entirely, or,
- Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or,
- 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.

*For some items to be covered by Medicare, a written order prior to delivery (WOPD) is required.