



MO HealthNet PA Criteria Proposal V 1.3

Medical Procedure Class:	Canes and Crutches- E0100NU; E0105NU; E0110NU; E0111NU; E0112NU; E0113NU; E0114NU; E0116NU
Implementation Date:	Helpdesk Demonstration – December 4th, 2008 Smart PA Implementation – December 5th, 2008 CyberAccess Implementation – December 9th, 2008
Prepared for:	MO HealthNet
Prepared by:	ACS-Heritage Information Systems, Inc.

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of canes and crutches.
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Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
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Procedures subject to Pre-Certification	<p>E0100: Cane – includes canes of all materials, adjustable or fixed, with tip</p> <p>E0105: Cane – quad or three prong, includes canes of all materials, adjustable or fixed, with tip</p> <p>E0110: Crutches – forearm, includes crutches of various materials, adjustable or fixed, pair</p> <p>E0111: Crutches – forearm, includes crutches of various materials, adjustable or fixed, each</p> <p>E0112: Crutches – underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips</p> <p>E0113: Crutches – underarm, wood, adjustable or fixed, each with pad, tip and handgrip</p> <p>E0114: Crutches – underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips</p> <p>E0116: Crutches: underarm, other than wood, adjustable or fixed, each with pad, tip and handgrip</p>
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Setting & Population:	All MO HealthNet fee-for-service participants
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Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy
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Setting & Population

All MO HealthNet fee-for-service patients

Approval Criteria

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. An MRADL is considered to be; toileting, feeding, dressing, grooming and bathing.
-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.

Denial Criteria

The approval criteria is not met.

Quantity Limitation

- E0100NU – 1 unit (each)
- E0105NU – 1 unit (each)
- E0110NU – 1 unit (pair)
- E0111NU – 2 units (each)
- E0112NU – 1 unit (pair)

E0113NU – 2 units (each)

E0114NU – 1 unit (pair)

E0116NU – 2 units (each)

Approval Period

30 days