



Health & Human Services

CANE/CRUTCHES

Service Authorization: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

CANE/CRUTCHES

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following condition is present:

- Impaired ambulation with potential for improved ambulation.
- Limited to one every seven years.
- A white cane for a blind member is non-covered since it is a “self-help” item. No exceptions.
- Do not use E1399 to code any type of cane or crutch. Use the specific assigned HCPC code.

Documentation Requirements:

Refer to the DME Manual for the required documents for the member’s file for post-pay audit purposes.

Date Revised	Revisions
February 2017	Reviewed and revised.
November 2019	Reviewed. Coverage section bullet four added assigned. The Documentation Requirements section was deleted, and the General Information Provider Manual.
November 23, 2022	Reviewed and revised. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 17, 2025	Reviewed and reformatted. Removed the “CMN Required” header section.