Abstract Purpose:
The purpose of this policy is to provide guidance to the care management teams of Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) for decision making related to medical necessity for Knee Caddy (Knee Platform Crutch) ambulatory assistive devices.

Policy Detail:
Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Policy or It’s Your Choice booklet to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHP/NHIC/NHAS follows Medicare’s National /Local (Wisconsin Area) Coverage Determinations for its Medicare Advantage membership.

I. Description:
- The CM department, including Utilization Management applies review guidelines for utilization determinations involving medically necessary care for durable medical equipment (DME). This policy provides guidance for approving Knee Caddy (knee platform crutch) ambulatory assistive devices for NHP/NHIC/NHAS’s Medicare Advantage Plans and commercial products, including group, self-funded and individual family. Coverage for these assistive devices is subject to the conditions, terms and limitations of the member’s/participant’s coverage document.

II. Medical Indicators/Criteria:
A. NHP/NHIC/NHAS covers knee caddy (knee platform crutch) ambulatory devices as medically necessary when ALL of the following criteria are met:
   1. Member/participant has sustained a below the knee injury and/or has undergone recent surgery below the knee; -AND-
   2. There is potential for ambulation but a need for stability and security greater than what can be provided by a cane, crutches or standard walker; -OR-
   3. The member/participant is unable to functionally use a cane, crutches, standard walkers or other standard ambulatory assist devices safely.
      a. Member/participant lacks the upper arm strength
      b. Member/participant is missing an upper limb
      c. Member/participant has an unsteady balance with need for stability and security greater than what can be provided by a cane, crutches or standard walker
   4. Documentation from the treating physician must include:
      a. member/participant’s diagnosis,
b. description of member/participant's functional limitation(s) or inability to use standard ambulatory assistive devices and
c. duration of anticipated use

III. Coverage
   o Knee caddy (knee platform crutch) DME is a covered benefit per the criteria listed above. NHIC follows CMS National Coverage Determinations (NCD and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.

IV. Limitations/Exclusions
   o NHP/NHIC/NHAS considers the use of knee caddy (knee platform crutch) ambulatory assistive devices for any other reason than those outlined above NOT medically necessary. Coverage for knee caddy (knee platform crutch) ambulatory assistive devices is subject to the conditions, terms and limitations of the member’s/participant’s coverage document.
   o Mobility devices are not medically necessary when they are primarily for member or member's family comfort and/or convenience.

V. References
   A. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Canes and Crutches (L33733) Effective Date for services performed on or after 10/01/2015. Revision effective date: 1/1/2017. Available at URL address: http://www.cms.gov

Regulatory Citations:
None

Related Policies:
None

Related Documents:
None

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10/07/2016 – Transferred to new policy template.
7/20/2017 – Annual review, no changes to content, references updated.