

PULMONARY PROVIDERS GROUP, INC.

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OFFICE : 847-824-0500

24 HOUR SERVICE: 847-226-3049

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CANE (E0100)/ QUAD CANE (E0105)/CRUTCHES (E0112)

ORDER REQUIREMENTS

Medicare and Medicaid require a dispensing order prior to delivery and a detailed written order prior to billing.

COVERAGE CRITERIA

The patient medical record must support the following criteria:

1. The patient has a mobility limitation that significantly impairs ability to participate in one or more mobility-related activities of daily living in the home;
2. Patient can safely use equipment; and
3. Mobility deficit is resolved by use of equipment.

REPLACEMENT

Medicaid: 1 per yr.

Medicare: 1 per 5 yrs.

COMMON DIAGNOSES

Gait imbalance, COPD, CHF, Osteoarthritis, Arthropathy, DJD, Strain/Sprain/ fracture, Osteoporosis.