

## Durable Medical Equipment: Orthotics and Prosthetics

### MPM 4.6

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**Disclaimer**

**Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.**

**Description**

Durable Medical Equipment (DME) is equipment which:

- Can withstand repeated use
- Is primarily and customarily used to serve a medical purpose
- Generally, is not useful to a person in the absence of illness or injury
- Is appropriate for use in a patient's home, at school or at work.<sup>1</sup>

DME can be rented or purchased, depending on the length of time the member will need the equipment. The decision whether to rent or purchase DME is made by PHP.

**Other related medical policies:**

- Durable Medical Equipment (DME): Diabetic Equipment, MPM 4.4
- Durable Medical Equipment (DME): Miscellaneous, MPM 4.5
- Durable Medical Equipment (DME): Rehabilitation and Mobility Devices, MPM 4.2
- Durable Medical Equipment (DME): Respiratory Devices, MPM 4.3
- Durable Medical Equipment for State Coverage Insurance, MPM 4.7
- Osteogenic Bone Growth Stimulators, MPM 15.1

**This Medical Policy includes information on the following items:**

- Ankle-Foot (AFO) and Knee-Foot-Ankle Orthosis (KAFO)
- Breast Prosthesis (External)
- Cranial Orthotic Devices
- Foot Splints for Club Foot
- Eye Prosthesis
- Facial Prostheses
- Hip Orthoses
- Knee Orthoses
- Lower limb prostheses
- Myoelectric prostheses
- Orthopedic Footwear
- Spinal Orthoses: TLSO and LSO
- Therapeutic Shoes for Persons with Diabetes
- Repair and Replacement

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**Coverage  
Determination/  
Clinical  
Indications**

Orthotics and Prosthetics listed in PHP's [Benefit Certification Guide](#) requires prior authorization. Log on to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

- **Items that do not require Benefit Certification are subject to retrospective review, and are only covered for the indications listed.**
- **Coverage for orthotics and prosthetics is subject to the limitations and exclusions of the member's specific benefit plan.**

Items classified in DME may not be covered in every instance. Coverage is subject to the following:

- The equipment must be necessary and reasonable for the treatment of an illness or injury, or to improve the functioning of a body part.<sup>1</sup>
- The patient's diagnosis justifies that the equipment or supply being requested is medically necessary.
- The practitioner's documentation must include the patient's diagnosis, the reason equipment is required and the practitioner's estimate of the duration of its need.

**Many of the following criteria refer the user to a CMS Cigna DME MAC Local Coverage Determination (LCD). Unless otherwise noted, these LCDs are located at Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C, and can be accessed on the Internet at:**

[http://www.cms.hhs.gov/mcd/results\\_index.asp?from='Imrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003,%20DME%20MAC\)&letter\\_range=4&retired=&sort=title&num\\_on\\_page=10&page\\_num=1](http://www.cms.hhs.gov/mcd/results_index.asp?from='Imrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=1)

**Criteria for Orthotics and Prosthetics**

1. **Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO): Benefit Certification is required.** An orthosis (brace) is a rigid or semi-rigid device used to support a weak or deformed body part, or to restrict or eliminate motion in a body part. It can be prefabricated (manufactured in quantity) or custom fabricated (individually made for a specific patient). Presbyterian Health Plan (PHP) follows Centers for Medicare and Medicaid Services (CMS) DME MAC guidelines in the coverage of AFOs and KAFOs; refer to LCD **L11517**. (Link to DME MAC Table of Contents on page 2.)

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2. **Breast prosthesis (external): Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indications listed below and in the DME MAC policy.** Breast prosthesis is covered for a patient who has had a mastectomy. *Two bras for prosthesis use per calendar year are covered.* With the exception of the number of bras covered per year, PHP follows CMS DME MAC guidelines in the coverage of external breast prosthesis; refer to LCD **L11554**. (Link to DME MAC Table of Contents on page 2.)

3. **Cranial Orthotic Devices: Benefit Certification is required.**

Cranial orthotic device is indicated for **ANY ONE** of the following:

A. Post surgery for craniosynostosis

**OR**

B. The diagnosis of positional plagiocephaly is confirmed by a pediatric neurosurgeon, and **ALL** of the following are present:

- Younger than 18 months of age<sup>4</sup>; **and**
- Conservative interventions have been taught to the caregiver and tried for three months, or until six months of age. These interventions should include caregiver education on the following:
  - a. the recommended sleeping position for infants
  - b. changing the position of the infant's head
  - c. "tummy time" during periods of wakefulness and observation
  - d. methods to encourage head turning; **and**
- The patient must have had an evaluation by a pediatric neurosurgeon to rule out a diagnosis of craniosynostosis, prior to consideration of molding for a helmet.

C. Any request for cranial orthotic device for positional plagiocephaly must be approved by a medical director. Collect information as noted in #2 above, before sending to the medical director.

**Contraindications for cranial orthotic devices:** Hydrocephalus or untreated craniosynostosis. <sup>4,5</sup>

4. **Eye Prosthesis: Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indications listed in the DME MAC policy.** PHP follows CMS DME MAC **L11519** for coverage of eye prosthesis. (Link to DME MAC Table of Contents on page 2.)

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5. **Facial Prosthesis: Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indications listed in the DME MAC policy.** PHP follows CMS DME MAC **L11556** for coverage of facial prosthesis. (Link to DME MAC Table of Contents on page 2.)
6. **Foot Splints for Club Foot, i.e. Denis Browne Splint: Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indication of club foot.** Most PHP plans have an exclusion for foot orthotics, shoe appliances, custom fitted braces or splints except for patients with diabetes or other significant peripheral neuropathy. This exclusion will not apply for the diagnosis of club foot. Based in input from the Leadership Team, the Medical Policy Committee has approved coverage of foot splints for the treatment of club foot. The type of foot splint covered is called a Denis Browne Splint.<sup>7</sup>
7. **Hip Orthoses: Benefit Certification is required for L1630 – L1685, L1700- L1755.** Hip orthoses is used to support a weak or deformed body part in order to improve function, reduce pain and prevent progression of deformities. Documentation must address the following:
  - Evaluation of functional needs
  - Explanation of how the orthoses will improve functionality, reduce pain and/or prevent progression of deformities<sup>7</sup>
8. **Knee Orthoses: Benefit Certification is required for L1834, L1840, L1844, L1846, and L1860.** PHP follows CMS DME MAC **L22664** for coverage of knee orthoses. (Link to DME MAC Table of Contents on page 2.)
9. **Lower Limb Prosthesis: Benefit Certification is required for L5848, L5856, L5857, L5858, and L5973.** PHP follows CMS DME MAC **L11442** for coverage of lower limb prosthesis. (Link to DME MAC Table of Contents on page 2.)
10. **Myoelectric Prosthesis: Benefit Certification is required for L6881 through L7499.** Myoelectric upper extremity prosthesis is covered only when standard prosthetic devices cannot be used, or do not meet the functional needs of the member. Documentation must address the following:
  - Evaluation of functional needs
  - Explanation of why a standard prosthetic device will not be appropriate
  - Verify that the member is cognitively and physically capable of

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effectively operating a myoelectric prosthesis.<sup>6,8</sup>

**Any request for a myoelectric prosthesis must be reviewed by a medical director.** Collect information as noted above before sending to the medical director.

11. **Orthopedic Footwear: Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indications listed in the DME MAC policy.** With the exception for coverage of L3310, PHP follows CMS DME MAC **L11445** for coverage of orthopedic footwear. Orthopedic footwear, per CMS, is only covered when it is an integrated part of a prosthesis (Link to DME MAC Table of Contents below.)

PHP covers L3310 for members ages 0 – 21 with a diagnosis of short leg (736.81 or 755.30).

12. **Spinal Orthoses: TLSO and LSO: Benefit Certification is required for L0452, L0480, L0482- L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638, L0640.** PHP follows CMS DME MAC **L11448** for coverage of spinal orthosis. (Link to DME MAC Table of Contents on below.)

13. **Therapeutic Shoes for Persons with Diabetes: Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indications listed.** PHP follows CMS DME MAC **L11525** for coverage of therapeutic shoes for members with diabetes. (Link to DME MAC Table of Contents on below.)

14. **Repair and Replacement of orthotics and prosthetics:** Refer to the member's Group Subscriber Agreement (GSA) or New Mexico Administrative Code (NMAC) 8.324.5.

**See Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C for additional specific criteria not listed in this Medical Policy.**

[http://www.cms.hhs.gov/mcd/results\\_index.asp?from='lmrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003,%20DME%20MAC\)&letter\\_range=4&retired=&sort=title&num\\_on\\_page=10&page\\_num=5](http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5)

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**Exclusions**

- Foot orthotics (functional or accommodative) or shoe appliances are not covered, except for members with diabetic neuropathy or other significant neuropathy, the Denis Browne splint for children with clubfoot, or for an elevated heel and sole lift (L3310 only) for members 0 – 21 years of age with a diagnosis of short leg (736.81 or 755.30).
- Repair or replacement of orthotic or prosthetic devices due to loss, neglect, theft, misuse, abuse or to improve appearance is not covered. Refer to member's specific benefit plan for repair and replacement policy.
- Repair and replacement of items covered under the manufacturer or supplier warranty is not covered.
- Upgraded or deluxe items, or duplicate items

**Definitions**

**Durable Medical Equipment (DME):** Items that are reusable and provide support for physical limitations and disabilities, can withstand repeated use, and are used for a medical purpose, in the member's residence (excluding a SNF or acute-care hospital) under a physician's supervision

**Orthotic appliances:** Devices that support or brace the body and may be used to improve the function of a movable part of the body.

**Prosthetic device:** Artificial substitutes for a missing body part; used for functional or cosmetic reasons.

**Reasonable useful lifetime:** In the absence of Medicare Program Instructions, the reasonable useful lifetime can be determined by the member's individual plan, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment was delivered to the member, not the age of the equipment. If the equipment remains in good working order and meets the member's medical needs, it should not be automatically replaced.

**Durable Medical Equipment: Orthotics and Prosthetics**
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**Coding**

**The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included in this list.**

<b>HCPCS® Codes</b>	<b>Description</b>
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
A4570	Splint
K0739	Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
L0452	Thoracic-lumbar-sacral orthotic (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated.
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0622	Sacroiliac orthotic, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated.

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HCPCS® Codes	Description
L0624	Sacroiliac orthotic, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated.
L0629	Lumbar-sacral orthotic, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated
L0632	Lumbar-sacral orthotic (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0634	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated
L0636	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, anterior panel, shoulder straps, pendulous abdomen design, custom fabricated
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
L1630 – L1685	Hip orthotic – flexible ( <i>refer to HCPCS manual for full descriptions</i> )
L1700 – L1755	Legg Perthes orthotics ( <i>refer to HCPCS manual for full descriptions</i> )

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HCPCS® Codes	Description
L1834	Knee orthosis, without knee joint, rigid, custom fabricated
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (SK)
L1900 – L4396	AFO, KAFO orthosis and components (refer to <i>HCPCS Manual</i> for full description).
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L6881 – L7499	Myoelectronic prosthesis and accessories (refer to <i>HCPCS manual</i> for full descriptions)
L8000 – L8039	Breast prostheses (refer to <i>HCPCS manual</i> for full descriptions)
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)
S1040	Cranial remolding orthosis, rigid with soft interface material, custom fabricated, includes fitting and adjustments
S8450 – S8452	Splint, prefabricated, digit, wrist or ankle, or elbow

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- References:**
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