Durable Medical Equipment: Orthotics and Prosthetics

MPM 4.6

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.¹

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

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC051002]
Durable Medical Equipment: Orthotics and Prosthetics
MPM 4.6

Coverage Determination/ Clinical Indications

Orthotics and Prosthetics listed in PHP’s Prior Authorization requires prior authorization. Log on to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

- Items that do not require Prior Authorization 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.¹
- 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:


Criteria for Orthotics and Prosthetics

1. Ankle-Foot (AFO) and Knee-Ankle-Foot Orthosis (KAFO): Prior Authorization 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.)

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC051002]
Durable Medical Equipment: Orthotics and Prosthetics

MPM 4.6

2. Breast prosthesis (external): Prior Authorization 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 for breast malignancy or as a prophylactic procedure (see policy MPM 16.10 Prophylactic Mastectomy and Oophorectomy)). The breast prosthesis benefit will also be applicable in case of true Poland Syndrome. 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.)


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;
   - 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:
     - Changing the position of the infant's head
     - "Tummy time" during periods of wakefulness and observation
     - 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.  

4. Eye Prosthesis: Prior Authorization 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...
5. **Facial Prosthesis:** Prior Authorization 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:** Prior Authorization 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.  

7. **Hip Orthoses:** Prior Authorization 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

8. **Knee Orthoses:** Prior Authorization 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:** Prior Authorization 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:** Prior Authorization 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

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. 
[MPMPPC051002]
• Explanation of why a standard prosthetic device will not be appropriate
• Verify that the member is cognitively and physically capable of effectively operating a myoelectric prosthesis.

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: Prior Authorization 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).


13. Therapeutic Shoes for Persons with Diabetes: Prior Authorization 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.


Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.
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.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC051002]
Durable Medical Equipment: Orthotics and Prosthetics
MPM 4.6

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

<table>
<thead>
<tr>
<th>HCPCS© Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4280</td>
<td>Adhesive skin support attachment for use with external breast prosthesis, each</td>
</tr>
<tr>
<td>A4570</td>
<td>Splint</td>
</tr>
<tr>
<td>K0739</td>
<td>Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes</td>
</tr>
<tr>
<td>L0112</td>
<td>Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated</td>
</tr>
<tr>
<td>L0452</td>
<td>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</td>
</tr>
<tr>
<td>L0480</td>
<td>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</td>
</tr>
<tr>
<td>L0482</td>
<td>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</td>
</tr>
<tr>
<td>L0484</td>
<td>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</td>
</tr>
<tr>
<td>L0486</td>
<td>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</td>
</tr>
</tbody>
</table>

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.
[MPMPPC051002]
### Durable Medical Equipment: Orthotics and Prosthetics

**MPM 4.6**

<table>
<thead>
<tr>
<th>HCPCS® Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L0622</td>
<td>Sacroiliac orthotic, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated.</td>
</tr>
<tr>
<td>L0624</td>
<td>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.</td>
</tr>
<tr>
<td>L0629</td>
<td>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.</td>
</tr>
<tr>
<td>L0632</td>
<td>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.</td>
</tr>
<tr>
<td>L0634</td>
<td>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.</td>
</tr>
<tr>
<td>L0636</td>
<td>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.</td>
</tr>
<tr>
<td>L0638</td>
<td>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.</td>
</tr>
<tr>
<td>L0640</td>
<td>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.</td>
</tr>
<tr>
<td>L1630 – L1685</td>
<td>Hip orthotic – flexible <em>(refer to HCPCS manual for full descriptions)</em></td>
</tr>
</tbody>
</table>

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC051002]
Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC051002]
Durable Medical Equipment: Orthotics and Prosthetics

MPM 4.6

References:


   • Lower Limb Prosthetics. eMedicine, Physical Medicine and Rehabilitation. Updated January 12, 2009.


Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC051002]
Durable Medical Equipment: Orthotics and Prosthetics

MPM 4.6

Approval Signatures:
Clinical Quality Committee: Mark Whitaker MD
Medical Director: Albert Rizzoli MD

Approval Date: February 27, 2013

Publication History:
05-27-09: Original effective date. MPM 3.2 Cranial Orthotic Devices and MPM 6.0 Foot Splints for Clubfoot integrated into new Medical Policy.
08-26-09: Revision to orthopedic footwear, L3310.
05-26-10: Annual Review and Revision
05-25-11: Annual Review and Revision
02-22-12: Review and update (Added language re: Breast Prosthesis for Prophylactic Mastectomy and Poland Procedure).
02-27-13: Review and Revision

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC051002]