



**BlueCross BlueShield
of Vermont**

Independent Licensees of the Blue Cross and Blue Shield Association.



Corporate Medical Policy Medical Equipment and Supplies Prosthetics and Orthotics

File name: Prosthetics and Orthotics

Origination: 10/2004

Last Review: 11/07

Next Review: 11/08

Effective Date: 11/6/07

Description of Procedure or Service

See also the following BCBSVT medical policies:

Medical Equipment and Supplies Durable Medical Equipment (DME)

Cranial Scalp Wig Prosthesis

Prosthetics

Prosthetics are artificial substitutes that replace all or part of a body organ (including contiguous tissue and hair); the lens of an eye; or replace all or part of the function of a permanently inoperative, absent, or malfunctioning body part.

Orthotics

Orthotics are usually rigid or semi rigid devices that support movement in a weak or deformed body part. Orthotics may also be used to restrict or eliminate body movement in a diseased or injured part of the body.

Policy

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior Approval is required for coverage of the purchase, fitting, necessary adjustments, repairs and replacements of all prosthetics except L8500-L8515, L8603-L8683, L8685-L8695 and V2624.

Prior Approval is required for all orthotics with a purchase price greater than \$250.00 **and** for those orthotics listed on Attachment I (even if the purchase price is less than \$1,000.00) except for General Electric (GE) members.

Prior approval for General Electric (GE) members is only required if purchase price is greater than \$1,000.00.

Prosthetics and orthotics are covered to the extent medically necessary for routine activities of daily living.

For New England Health Plan (NEHP) members an approved referral authorization is required for all durable medical equipment.

For members with managed care contracts, VHP and TVHP, DME must be purchased from a network provider

When service or procedure is covered

Prosthetics

Prosthetic appliances may be considered **medically necessary by the Plan** when prescribed by a qualified provider to replace absent or nonfunctioning parts of the human body by an artificial substitute. The Plan provides benefits for the purchase, fitting, necessary adjustments, repairs and replacements of prosthetics. The Plan covers a device (and related supplies) only when the device is surgically implanted or worn as an anatomic supplement to replace:

- all or part of an absent body organ (including contiguous tissue and hair);
- the lens of an eye; or
- all or part of the function of a permanently inoperative, absent or malfunctioning body part.

Benefits are provided for prosthetic devices that are attached to (or inserted into) prosthetic shoes, and which replace a missing body part.

The Plan only provides benefits for eyeglasses or contact lenses that replace the lens of an eye when the lens was not replaced at the time of surgery. The Plan covers only:

- one set of accompanying eyeglasses or contact lenses for the original prescription; and
- one set for each new prescription.

Benefits are provided for dental prostheses only if required:

- to treat an accidental injury (except injury as a result of chewing or biting); or
- to correct gross deformity resulting from major disease or surgery

Orthotics:

Orthotic devices **may be considered medically necessary** by the Plan when:

- Prescribed by a qualified provider to be used for therapeutic support, protection, restoration, or function of an impaired body part.
- The device is a rigid or semi-rigid support device that restricts or eliminates motion of a weak or diseased body part.

Custom fabricated (molded to patient) versus prefabricated (off-the-shelf) Ankle Foot Orthotics (AFO's) and Knee Ankle Foot Orthotics (KAFO's) in ambulatory members are considered medically necessary when the clinical documentation supports one of the following exists:

- The member could not be fit with a prefabricated (off-the-shelf) AFO; *or*
- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); *or*
- There is a need to control the knee, ankle or foot in more than one plane; *or*
- The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; *or*
- The member has a healing fracture that lacks normal anatomical integrity or anthropometric proportions.
- Prefabricated adjustable (off the shelf) knee braces are eligible for benefits.

Replacement is provided for devices only after their normal life span (wear and tear) has made them ineffective, if the device malfunctions, and/or for size adjustments.

When service or procedure may not be covered for orthotics and/or prosthetics

- when replacement is purely cosmetic in nature, and provides no functional benefit
- dental appliances or dental prosthetics, except for treatment of temporomandibular joint syndrome or obstructive sleep apnea;
- shoe insert orthotics, lifts, arch supports or special shoes not attached to a brace except necessary foot care for treatment of diabetes
- custom-fabricated or custom-molded knee braces (prefabricated, “off-the-shelf” braces are covered);
- braces and devices intended primarily for use with sports or physical activities other than activities of daily living (e.g. knee braces for skiing, running or hiking)
- dynamic splinting and programmable or variable motion or resistance devices
- DME, supplies or accessories intended principally for participation in sports or recreational activities or for personal comfort or convenience
- eyeglasses or contact lenses, except when necessary to replace the lens of the eye (and the lens was not replaced at the time of surgery)

- advanced technology and custom fabricated prosthetics and orthotics (such as custom fabricated knee braces) specifically designed and required for occupational, hobbies, sports, and leisure and recreational activities are not covered benefits under the contracts.
- repair or replacement of dental appliances or dental prosthetics
- when the above medical necessity criteria has not been met
- When prior approval is required and not obtained from the Plan.

NOTE: Under individual consideration, prosthetics to correct facial deformities (such as loss of an eye or surgical removal of the nose) may be considered medically necessary

Eligible Providers

Allopathic Physicians (M.D.)
 Osteopathic Physicians (D.O.)
 Therapists (physical and occupational)
 Podiatrists D.P.M.
 Durable Medical Equipment (DME) providers
 Naturopathic Doctors (N.D.)

Billing and Coding Information

See Attachment I

Scientific background and Reference Resources

Blue Cross Blue Shield Association (BCBSA) Medical Policy Reference Manual, Prosthetics, Policy 1/04/01, Issue 2:2004; Orthotics, Policy 1/03.01, Issue 1:2003;

Policy Implementation/Update information

New Policy
 Review and updated 11/05 with changes to match certificate language. Attachment added.
 10/06 reviewed minor word changes to match certificate language and HCPCS codes updated;
 Reviewed and approved by the BCBSVT Clinical Advisory Committee March 2007.
 10/07 annual review, title changed to match current certificate language. Prior approval requirement changed to \$250.00. Reviewed by the CAC 11/07

Approved by BCBSVT and TVHP Medical Directors

**Attachment I
Prosthetics and Orthotics**

1. All prosthetics require prior approval, except no Prior Approval is required for the following prosthetics (even if purchase price is greater than \$250.00) :

L8500-L8515 (L8510 not covered)	Prosthetic implants
L8603-L8683	Prosthetic implants
L8685-L8695	Prosthetic implants
V2624	Polishing/resurfacing ocular prosthetic

2. Most orthotics used for acute injuries and chronic unstable conditions do not require a Prior Approval through Medical Services. Those orthotics, including HCPCS code range **requiring Prior Approval** (even if the purchase price is less than \$250.00), include the following codes:

Prior Approval orthotic list

A8000-A8004 , S1040	Helmet, protective
L0491-L0492	ThoracicLumbarSacral Orthosis
L0622, L0624, L0629,L0632, L0634, L0636, L0637, L0638, L0640	Sacroiliac Orthosis Sacroiliac Orthosis Sacroiliac Orthosis
L1834, L1840, L1844, L1846, L1855, L1858, L1870, L1880	Knee braces Knee braces
L1940-L1990	Ankle-foot orthotics (AFO)
L2999	Lower extremity orthotic, not specified
L3999	Upper limb orthosis, not otherwise specified

Note: Prior Approval is required for all orthotics with a purchase price greater than \$250.00

3. The following orthotics are **exclusions**, as per certificates, and therefore not covered, **except with a diagnosis of Diabetes**). **Do not submit for Prior Approval:**

Exclusions

L3000-L3060

Shoe inserts

L3201-L3257

Orthopedic footwear

L3265-L3649

Orthopedic footwear

A5500-A5513

Shoes/supplies

Note: L3260 surgical boot/shoe, each does not require PA and is eligible for benefits