Orthotic and Prosthetic Devices

Policy

Harvard Pilgrim reimburses contracted providers for orthotic and prosthetic devices ordered by a Harvard Pilgrim provider when medically necessary and within the applicable benefit. Members do not have a benefit limit for the purchase, replacement and/or repair of prosthetic arms and legs, in whole or in part. Providers may be reimbursed for orthotics described in the benefit.

Orthotic and prosthetic devices ordered for a member during an authorized home health care plan is restricted to equipment that is specifically related to the illness or injury for which skilled home care plan is required, and which is integral to the skilled home health plan of care. Orthotics and prosthetics needed beyond the authorized home care plan of care, or that is received after the authorized home care date span, and exceeds the benefit, is the responsibility of the member.

Policy Definition

Orthotic Devices and orthopedic appliances are designed to support, align, prevent or correct deformities and/or improve the function of moveable parts of the body.

Prosthetic Devices, as referenced in this payment policy, are external devices designed to perform or replace all or part of the function of a permanently inoperative or malfunctioning body part. Devices that must be implanted (e.g., pacemakers) are reimbursed using the relevant surgical payment policy.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to *Referral, Notification and Authorization* for more information.)

HMO/POS/PPO

- An order is required for orthotic and prosthetic devices
- An authorization is required for miscellaneous DME (Refer to *Durable Medical Equipment (DME) Authorization* for specific requirements.)

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses[1]

HMO/POS/PPO

Harvard Pilgrim will reimburse providers or Harvard Pilgrim-approved vendors for:

- The least costly prosthetic device that permits the member to perform activities of daily living (ADLs).
- Replacement, as needed, due to a change in the member's condition or when the cost of repairing exceeds the cost of new prostheses.

Orthotic Devices

The following list of reimbursed items is not all-inclusive. Contact the Provider Service Center at 800-708-4414, for specific item information.

- Diabetic shoes and orthotic inserts, with limited diagnosis codes only (Refer to Provider Billing and Documentation for specific payable diagnosis codes), shoe inserts and devices. Reimbursed when used for treatment of the following:
  - Anatomical deformities
  - Impaired circulation/sensation of the foot
  - Chronic neuromuscular disease
  - Rheumatoid arthritis and variants
  - After foot surgery

- Orthopedic shoes
  - For members with diabetes mellitus (DM) with certain medical conditions
  - Attached to a brace, including heel and sole replacement, shoe transfer, inserts and shoe modifications
- Braces, splints and immobilizers, including, but not limited to:
  - Ankle braces
  - Arm braces
  - Back braces
  - Dynamic splints
  - Foot braces
  - Hip braces
  - Knee braces (not for sports)
  - Neck braces
  - Leg braces (not for sports/vocational use)
  - Shoulder braces
  - Splints (not for convenience)
- Custom-molded helmets

Prosthetic Devices

The following list of reimbursed items is not all-inclusive. Contact the Provider Service Center at 800-708-4414, for specific item information.

- Breast prostheses and mastectomy bras/camisoles with limited diagnosis codes only (Refer to "Provider Billing and Documentation" section for specific payable diagnosis codes.) (Reimbursed items do not apply to the member's DME benefit limit.)
- Prosthetic shoe (if an integral part of prosthesis for a member with partial foot amputation)
- Ear canal shell and skeleton
- Male vacuum erection system with limited diagnosis codes only (Refer to Provider Billing and Documentation for specific payable diagnosis codes)
- Scalp hair (wigs), as required by state mandate
- Prosthetic eyes
- Prosthetic arms, hands, feet and/or legs
- Stump shrinker
- Stump sock

Repairs Maintenance Replacement of Orthotic and Prosthetic Devices

Under the circumstances specified below, payment may be made for maintenance, repair, or replacement of medically required orthotic and prosthetic devices. Payments for repairs and maintenance may not include payment for parts and labor covered under a manufacturer's or supplier's warranty.

Repairs

Repairs to equipment are covered including items already owned by the member that require repair when necessary to make the equipment operable. Harvard Pilgrim does not reimburse repairs or replacements of items lost or damaged secondary to abuse or neglect. No payment can be made for the repair if the expense for repairs exceeds the estimated expense of purchasing or renting the item new for the remaining period of medical need. In this case the item should be replaced. Repairs of rented equipment are not covered.

Maintenance

The Harvard Pilgrim provider is required to participate in orthotics and prosthetics maintenance and service, including items already owned by the member that require such service, and will be reimbursed according to the applicable maintenance service rate indicated on the Harvard Pilgrim fee schedule for that particular item at six-month intervals beginning six months after the conclusion of the purchase/rental cycle.

Replacement of Orthotic and Prosthetic Devices

Harvard Pilgrim applies item limits and replacement period limits on many orthotic and prosthetic devices as set forth in the Harvard Pilgrim Fee Schedule. If a replacement of an item is needed prior to the published replacement period the replacement must be billed with the RA modifier on the first replacement claim in addition to the appropriate modifier (NU, RR) that would follow the standard payment methodology for the item on the Harvard Pilgrim fee schedule. Replacements cannot be made less than 60 days from date of purchase or two full rental months from the completion of the rental period.

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

The following list of non-reimbursable items is not all-inclusive. Contact the Provider Service Center at 800-708-4414, for specific item information.

- "Spare" or "extra" prostheses, including but not limited to, limbs and eyes
- Bionic or myoelectric prostheses (if Harvard Pilgrim determines a less costly device meets the member's ability to perform ADLs)
- Dental prostheses (e.g., dentures) designed to replace teeth lost through dental infection, trauma, disease, dental decay or treatment of these conditions
- Repair or replacement of prosthetic devices lost or damaged through negligence, theft or willful abuse
- Repair or adjustments of an orthosis at the time of or within 90 days delivery
- Orthotic and prosthetic supply, accessory and/or service will not be reimbursed when billed in conjunction with a microprocessor-controlled knee prothesis
- Sales tax, shipping and handling, or restocking fees
- Orthotic Inserts
- Shoe Inserts
- UCB Inserts (Unilateral Calcaneal Brace)
- Experimental prostheses or devices.
- Neoprene knee sleeves (Neoprene, flexible, elastic, soft or Lycra supports)
- Heel cups and cushions
- Leotards/pressure leotards
- Non-molded helmets
- Prostheses for cosmetic purposes (only reimbursable in limited circumstances described above)
- Specialized devices or equipment for sports or occupational purposes *unless otherwise* mandated
- Speech equipment or devices used as educational or convenience equipment (e.g., Bell & Howell Language Master, Communic-Aid, Communicator)
- Sports brace
- Supports, ankle or arch (not covered for comfort or when it does not serve a medical purpose)
- Tinnitus masking device

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding[2]

Code	Description	Comments
E1399	Miscellaneous DME	Authorization is required.
A5500–A5514, L3000–L3031, L3040, L3050, L3060, L3070, L3080, L3090	Diabetic shoes, orthotic inserts and arch supports	Reimbursed with only the following diagnosis codes and billed with the appropriate RT or LT modifiers: **ICD-10 Coding**
L7900	Male vacuum erection system	Reimbursed with only the following diagnosis codes: **ICD-10 Covered Indications**
L8000, L8015–L8039, S8460	General breast prostheses	Reimbursed with only the following diagnosis codes: **ICD-10 Covered Indications**

Modifiers

Bill all lines using one of the following modifiers in the *first* modifier field:

Modifier	Bill
MS	Maintenance and service fee
NU	Purchased/new equipment
RR	Rental use

Bill the following modifiers in the *second* modifier field, when applicable:

Modifier	Bill
AV	Required when billing A4450, A4452 or A5120
LT	Left side of body
RT	Right side of body
RA	Replacement of a DME, orthotic or prosthetic item

Other Information

Bill items with valid HCPCS modifiers and procedure codes.

Related Policies

Payment Policies

- Durable Medical Equipment (DME)
- Home Health Care
- Orthopedic
- Unlisted/Unspecified Procedure Codes

Medical Necessity Guidelines/Authorization Policies

- Durable Medical Equipment (DME) Authorization
- Lower Limb Prosthesis
- Upper Limb Prosthesis

Referral, Notification & Authorization

- Prior Authorization Policy

PUBLICATION HISTORY

07/01/03	original documentation
04/30/04	ME and NH information added; prosthetics codes added; foot orthotics codes added
01/31/06	annual review; breast prostheses: added payable diagnosis, added reimbursed items do not apply to the member's DME benefit limit
01/31/07	annual review; clarified home care benefit, prosthetic mandate updated
01/31/08	annual review; no edits
01/31/09	annual review; minor edits for clarity
01/15/10	annual review; minor edit
12/15/11	annual review; minor edits for clarity
01/01/12	removed First Seniority Freedom information from header
06/15/14	added *Connecticut Open Access HMO* referral information to prerequisites
11/15/14	annual review; no changes
01/15/15	annual coding update
06/15/15	added additional covered diagnoses effective 07/01/15 — L8000, L8015–L8039, S8460
07/15/15	ICD-10 coding update
11/15/15	annual review; added repair, maintenance and replacement information
11/15/16	annual review; administrative edits
11/15/17	annual review; removed code A9999 — does not require auth; added diabetic shoes and orthotic inserts to reimbursed section; ICD10 coding update breast prosthesis
01/01/18	updated Open Access Product referral information under Prerequisites

04/01/18	updated diabetic shoes and inserts must be billed with RT or LT modifier; added to Harvard Pilgrim Does Not Reimburse, repairs or adjustments when performed at the same time or within 90 days, and L9900 will not be separately reimbursed when billed in conjunction with microprocessor controlled knee prosthesis
11/01/18	annual review; removed ICD-9 references; added related medical policies; added modifier AV
11/01/19	annual review; added additional ICD10 codes effective 10/1/2019 - diabetic shoes and orthotic inserts, and breast prosthesis
11/02/20	annual review; updated Provider Billing and Guidelines and Documentation
11/01/21	annual review; no changes
11/01/22	annual review; no changes
01/02/23	added ICD-10 Coding update to Diabetic shoes, orthotic inserts and arch supports; administrative edit
11/01/23	annual review; updated specialized devices or equipment for sports or occupational purposes for Maine Limb Loss Mandate effective 1/1/2024
11/01/24	annual review; updated ICD10 link for diabetic shoes; administrative edits; removed state of Maine under specialized devices
11/01/25	annual review; no changes

[1]This policy applies to the products of Harvard Pilgrim Health Care and its affiliates Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

[2]The table my not include all provider claim codes related to orthotic and prosthetic devices.