Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Orthotics and Prosthetics

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Tufts Health Plan covers medically necessary orthotic and prosthetic services and supplies up to the benefit maximum[1], in accordance with the member's benefits, CMS, MassHealth, and/or Rhode Island (RI) EOHHS guidelines, as applicable.

Tufts Health Plan SCO and Tufts Health One Care provide coverage for all medically necessary orthotics and prosthetics covered by original Medicare and Medicaid (MassHealth).

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Coverage for orthotic and prosthetic services applies to a member's durable medical equipment (DME) benefit.

Referral/Prior Authorization/Notification Requirements

Certain orthotic and prosthetic items require prior authorization. The provider is responsible for obtaining the practitioner's order/prescription for any requested item(s). As a condition of payment, it is the responsibility of the **rendering** provider to obtain prior authorization or notification, as applicable. If notification is not obtained or approved, the claim will be denied.

Commercial products: Refer to the medical necessity guidelines in the Provider Resource Center for a list of orthotic and prosthetic items requiring prior authorization.

Senior Products and Tufts Health Public Plans: Refer to the Prior Authorization Resources page to identify specific items, services, and supplies that have prior authorization and/or notification requirements.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

[1] Authorized medical supplies, respiratory equipment/supplies (excluding PAP therapy, nebulizers and related supplies), insulin pumps and related diabetic supplies are not applied to the benefit maximum.

- Submit multiple same-day services on one line; the number of services/units should reflect all services rendered.
- Append modifier SQ to indicate item ordered by a home health provider
- When billing for bilateral orthotics and prosthetics, providers must use left (LT) and/or right (RT) modifiers. Tufts Health Plan does not compensate for HCPCS "pair codes" if billed with modifier(s) RT or LT.

Modifiers
Tufts Health Plan requires all industry standard modifiers on orthotic and prosthetic claims. Claims submitted without complete and appropriate modifiers will be denied. Refer to the DME Medicare Administrative Contractor (MAC) for a list of modifiers appropriate for orthotic and prosthetic claims.

Individual Consideration (Tufts Health Direct and Tufts Health Together)
DME and medical supplies designated as individual consideration (IC) or adjusted acquisition cost (AAC) are reimbursed with an invoice. Refer to the Individual Consideration Services Payment Policy for more information on claim submission.

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules.

Note: Orthotic and prosthetic rental costs are reimbursed only up to the purchase cost.

Click here for a list of orthotic and prosthetic edits that may impact claims compensation.

Additional Resources

Payment Policies

- Durable Medical Equipment and Medical Supplies
- Home Health Care
- Unlisted and Not Otherwise Classified (NOC) Codes

Prior Authorization Resources

- EviCore program

Document History

- November 2025: Annual policy review; no changes
- November 2024: Annual policy review; updated Additional Resources; administrative edits
- November 2023: Annual policy review; administrative updates
- May 2021: Added claim edit to the Orthotic and Prosthetic Claim Edits Grid for services following a medical event, effective for dates of service on or after July 1, 2021
- December 2020: Policy reviewed by committee; moved claim edits into separate document for clarity

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.