



Reimbursement Policy

Subject: Prosthetic and Orthotic Devices

Effective Date:
05/27/20

Committee Approval Obtained:
05/27/20

Section: **Prosthetics
and Orthotics**

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicare. *****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Amerigroup Medicare Advantage benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup Medicare Advantage strives to minimize these variations.

Amerigroup Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Amerigroup Medicare Advantage allows reimbursement of prosthetic and orthotic devices when provided as part of a physician’s services or ordered by a physician or other qualified health care provider, and
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used in accepted medical practice unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the prosthetic or orthotic device dispensed. The design, materials, measurements, fabrications, testing, fitting and training in the use of the device are included in the reimbursement of the device and are not separately reimbursable expenses.

Reimbursement is allowed for repair of prosthetic and orthotic devices:

- When necessary to make the device serviceable.
- When the device is no longer covered under the supplier's or manufacturer's warranty.
- Up to the estimated expense of replacement of the device.

Reimbursement is allowed for replacement of prosthetic and orthotic devices due to:

- Change in the patient's condition.
- Substantial change in patient's growth and/or weight.
- Permanent and/or accidental damage.
- Irreparable wear in consideration of the reasonable useful lifetime of the device of not less than five years based on when the equipment is delivered to the member.

Nonreimbursable

Amerigroup Medicare Advantage does not allow reimbursement for prosthetics and orthotics under the following conditions:

- Provision of a device that exceeds the benefit limit unless authorized through medical necessity
- Enhancements or upgrades of a device for the convenience of the member or caregiver
- The aesthetic appearance of a device for the preference of the member or caregiver
- A device considered experimental or investigational
- Repair or replacement of a device as a result of abuse or neglect
- Repair or replacement of a device during the warranty period
- Over-the-counter orthotic devices

Dental prosthetics are considered for reimbursement through delegated agreements between applicable Amerigroup Medicare Advantage health plans and contracted dental vendors.

	In instances of theft, a police report is required for consideration of replacements.
History	<ul style="list-style-type: none"> • Biennial review approved and effective 05/27/20: policy language updated • Biennial review approved 04/20/18: policy template updated • Biennial review approved 07/14/16: policy template updated • Review approved 11/04/15: policy template updated • Initial policy approved and effective 01/01/15
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contracts
Definitions	<ul style="list-style-type: none"> • Prosthetic device: an artificial structural and functional replacement of: <ul style="list-style-type: none"> ○ A limb/appendage or internal organ ○ All or part of the function of a permanently inoperative or malfunctioning internal body organ • Orthotic device: a brace with rigid metal or plastic stays applied to the body: <ul style="list-style-type: none"> ○ For support or immobilization of a body part ○ To correct or prevent deformity ○ To assist or restore function • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Reimbursement of Items under Warranty • Scope of Practice
Related Materials	<ul style="list-style-type: none"> • None