

Reimbursement Policy	
Subject: Prosthetic and Orthotic Devices	
Policy Number: G-06084	Policy Section: Prosthetics and Orthotics
Last Approval Date: 05/16/2022	Effective Date: 05/16/2022

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://providers.anthem.com/ny>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Blue Cross and Blue Shield Retiree Solutions Medicare Advantage covered the service for the member's 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 Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or

requirements. Anthem Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem 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 healthcare provider, and 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

Anthem 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 Anthem Medicare Advantage health plans and contracted dental vendors.

In instances of theft, a police report is required for consideration of replacements.

Related Coding	
Standard correct coding applies	

Policy History	
05/16/2022	Biennial review approved: policy template updated
05/27/2020	Biennial review approved: policy language updated
04/20/2018	Biennial review approved: policy template updated
07/14/2016	Biennial review approved: policy template updated
11/04/2015	Review approved: History section/policy template updated
01/01/2015	Initial policy approved and effective

References and Research Materials	
This policy has been developed through consideration of the following:	
<ul style="list-style-type: none"> • CMS • State contract 	

Definitions	
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 and Materials	
Reimbursement of Items under Warranty	
Scope of Practice	

