



## Durable Medical Equipment Prosthetics, Orthotics and Supplies (DME POS)

LOB(s): <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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### Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

### Background

PacificSource covers medically necessary Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME POS) that are medically necessary and reasonable. The coverage of the DME POS is intended to primarily serve a medical purpose, withstand repeated use, and can be utilized in the home. The purpose of the LCD is to provide information regarding "reasonable and necessary" criteria based on the Social Security Act §1862(a)(1)(A) provisions. In addition to "reasonable and necessary" criteria, other payment rules provided in the document must be met.

Members require evaluation by an independently trained clinician to determine the most appropriate DME POS to assist in their Activities of Daily Living (ADLs). ADLs are separated into two categories, Mobility Related Activities of Daily Living (MRADLs) which are exclusively used within the home and Instrumental Activities of Daily Living (IADLs) which can be used inside or outside of the home. To maintain objectivity, the trained clinician should not be associated with the DME POS provider.

**This Health Services Policy includes coverage criteria on the following items:**

- I. **Knee orthosis/brace**
- II. **Lower limb prosthetic (foot, knee, ankle, hip, sockets)**
- III. **Manual Wheelchair Options and Accessories**
- IV. **Power mobility devices**
- V. **Prosthetic shoe/Orthotic footwear**
- VI. **Spinal (Back) orthosis/brace**
- VII. **Upper limb prosthetic**
- VIII. **Neuromuscular electrical stimulation (NMES) for Treatment of Muscle Atrophy**
- IX. **DME Backup, Repair, Replacement**

## Criteria

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### Commercial and Medicare

PacificSource follows CMS NCD/LCD coverage guidelines. For any item to be covered, it must be reasonable and necessary (medical necessity) for the diagnosis or treatment of an illness or injury, to improve the functioning of a malformed body member, and meet all other regulatory requirements.

Noridian Healthcare Solutions, LLC, contract #19003 – DME MAC has jurisdiction over Idaho, Oregon, Montana, and Washington States (among others).

DME coverage is subject to contract language and regulatory language. Contract language takes precedence over all other criteria. Reference benefit book or member handbook for DME that may not be covered per benefit exclusions (e.g., convenience items, equipment used primarily in athletic or recreational activities, items available over the counter).

In cases where benefit book or NCD/LCD guidelines are not available, MCG may be utilized. Documentation to support medical appropriateness should be provided by a clinician not associated with the DME provider.

#### I. Knee orthosis/brace

A. PacificSource follows CMS Policy Article A52457/LCD L33686 for coverage of ankle-foot, knee-ankle-foot orthosis:

1. See member benefit book for specific exclusions.
2. There is no separate payment for computer-aided design – computer aided manufacturing (CAD-CAM).

B. PacificSource follows CMS Policy Article A52465/LCD L33318 for coverage of knee orthosis (braces):

1. See member benefit book for specific exclusions, in addition to the following:
  - a. When used primarily for improved athletic performance, sports participation, or recreational activities.
  - b. To prevent injury in an otherwise uninjured body part.
2. There is no separate payment for computer-aided design – computer aided manufacturing (CAD-CAM).

#### II. Lower limb prosthetic

A. PacificSource follows CMS Policy Article A52496/LCD L33787 for coverage of lower limb prosthesis to include feet, knees, ankles, hips, and sockets.

1. See member benefit book for specific exclusions, in addition to the following:

1. Water prostheses are considered a convenience item and are not covered.

2. There is no separate payment for computer-aided design – computer aided manufacturing (CAD-CAM).

3. The following restrictions apply to the codes listed below:

L5671	Additional lower limb of suspension socket	Package includes pin(s), lanyard, or other components which are attached to the socket insert (cannot be unbundled)
L7700	Gasket or seal	Not separately reimbursable (unbundling)
L5962, L5964, L5966	Protective outer surface coverage	Not separately reimbursable when billed with L5704-L5707
L5620	BK Test Socket	Max allowable 2
L5629	BK, Acrylic Socket (resin)	Not separately reimbursable when billed with L5940 (unbundled)
L5637	BK, Total Contact	Not separately reimbursable -Is included in the payment for any molded socket (unbundling)
L5645	Flexible Inner Socket	Only covered when need for fenestration(s) (cut outs) are documented
L5781	Vacuum Pump	Upgrade – requires documentation that needs are not able to be met by adding/removing prosthetic sock layers
L5910	BK, Modular Alignment System	Not medically necessary when paired with L5700. When replacing a socket, it is not necessary to replace the hardware below unless documentation of malfunction
L5629	Acrylic Socket (resin)	Not separately reimbursable when billed with L5940 (unbundled)
L5637	BK, Total Contact	Not separately reimbursable -Is included in the payment for any molded socket (unbundling)
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Not covered due to insufficient evidence of medical necessity
L5988	Vertical Shock Reducing Pylon	Upgrade requests - require documentation to support need for shock reduction

### III. Manual Wheelchair Options and Accessories

PacificSource follows LCD L33792 for coverage of manual wheelchairs and accessories.

**IV. Power mobility devices (power wheelchairs, POV, Conveyance other than traditional wheelchairs)**

**A.** See member benefit book for specific exclusions, most commercial plans do not cover scooters (aka conveyance devices), in addition to the following:

1. The following restrictions apply to the codes listed below:

A9900 (K0108)	Universal Headrest Adaptor	Not separately reimbursable when billed with a Headrest (unbundled)
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**B.** PacificSource follows CMS Policy A52498/LCD L33789 for coverage of power mobility devices.

**C.** Each Basic Equipment Package must include – (not separately reimbursable):

1. Lap belt
2. Battery charger
3. Complete set of tires and casters
4. Leg rests
5. Foot rests
6. Arm rests
7. Weight specific components
8. Seat specific components
9. Back rest specific components
10. Controller and input devices

**V. Prosthetic shoe/orthopedic footwear**

**A.** See member benefit book for specific exclusions in addition to the following:

1. Shoes that are put on over a partial foot prosthesis or other lower extremity prosthesis (L5010 – L5600).
2. All shoes and related modifications for treatment other than specified in this policy are non-covered.

**B.** PacificSource follows CMS Policy Article A52481/LCD L33641 for coverage of orthotic footwear.

**C.** Custom-fitted shoe insert L3000 through L3031 are covered when medically necessary to treat conditions of the feet and ankles.

**Note:** There is no limit on the number of pairs of orthotics that can be ordered as long as all pairs are medically necessary.

**D.** Shoes and related modifications that are in integral part of covered leg brace are covered.

## **VI. Spinal (Back) orthosis/brace**

- A.** See member benefit book for specific exclusions, in addition to the following:
  - 1. Spinal orthosis for the following indications are **NOT** considered medically necessary when used primarily for improved athletic performance, sports participation or to prevent injury in an otherwise uninjured body part.
  - 2. There is no separate payment for computer-aided design –computer aided manufacturing (CAD-CAM).
- B.** PacificSource follows CMS Policy Article A52500 / LCD L33790 for coverage of TLSO and LSO braces.

## **VII. Upper limb prosthetic**

- A.** See member benefit book for specific exclusions.
- B.** Passive and body powered upper limb prosthetics do not require prior authorization.
- C.** PacificSource follows MCG A-0701(Myoelectric Prosthesis) for coverage of myoelectric and hybrid (myoelectric and body-powered) upper limb prosthetics.

## **VIII. Neuromuscular electrical stimulation (NMES) for Treatment of Muscle Atrophy**

- A.** See member benefit book for specific exclusions.
- B.** PacificSource Commercial and Medicare plans follow CMS policy NCD 160.12 for coverage of Neuromuscular Electrical Stimulation (NMES).
- C.** PacificSource Community Solutions follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0515 for coverage of Neuromuscular Electrical Stimulation (NMES).

## **IX. DME Backup, Repair and Replacement for items on this policy**

- A.** See member benefit book for specific exclusions for DME backup, repair, and replacement.

### **B. Backup**

PacificSource considers backup or duplicative DME not medically necessary. Refer to specific benefit book for exclusions in addition to the following:

- 1. DME items specifically designed for outdoor use (manual wheelchairs designed for beach access, power mobility devices designed for rough terrain, manual wheelchairs for sports, etc.).
- 2. Duplicate items of DME used for the same or similar medical purpose as the existing item, but not at the same time (e.g. for home, work, school or travel).
- 3. Duplication or upgrade of a functional prostheses not used as the primary prosthetic.
- 4. Prosthetics used for activities other than normal activities of daily living, including those utilized for sporting activities such as skiing, or swimming.
- 5. Rental or purchase of **two** or more mobility devices (manual wheelchair, electric wheelchair, power operated vehicle (POV), transport chair, etc.).

### **C. Repair**

PacificSource may cover repair of DME when the member's medical needs cannot be met by the current device.

1. Refer to specific benefit book for exclusions in addition to the following:
  - a. Current device is broken and can be repaired; **AND**
  - b. Cost of the repair does not exceeds the cost of replacement.

**Note:** Suppliers must distinguish between repair and replacement. For replacement, there is no separate billing as the service is a component of the replacement item.

In addition:

- Routine periodic servicing, such as testing, cleaning, and checking of device is not covered;
- Repair of prosthesis for appearance, comfort, convenience or individual abuse, misuse, or neglect is not covered.

#### **D. Replacement**

PacificSource covers a replacement DME when the member's medical needs cannot be met by the current device and one of the following conditions is met:

1. Current device is broken and cannot be repaired; or
2. Cost of the repair exceeds the cost of replacement; and/or
3. The device has been lost or stolen.

**Note:** Replacement of prosthesis for appearance, comfort, convenience or individual abuse, misuse, or neglect is not covered.

### **Medicaid**

PacificSource Community Solutions (PCS) follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0660 to 0662 for coverage of Durable Medical Equipment Lower Extremity Prosthetics, Orthotics, and Supplies, and Social Security Act §1861(s)(9) & OAR(s) 410-122-0660 to 0662 for coverage of Upper Extremity Prosthetics, Orthotics, and Supplies.

PacificSource Community Solutions (PCS) follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0325 to 0340 for coverage of Power Wheelchairs.

PacificSource Community Solutions (PCS) follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0475 and CMS Policy Article A52481/LCD L33641 for coverage of orthotic footwear.

PacificSource Community Solutions (PCS) follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0660 to 0662 and CMS Policy Article A52500/LCD L33790 for coverage of TLSO and LSO braces.

PacificSource Community Solutions (PCS) follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-122-0515 for coverage of Neuromuscular Electrical Stimulation (NMES).

## Experimental/Investigational/Unproven

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PacificSource considers motorized exoskeleton orthosis to be experimental, investigational, or unproven, including the following (This is not an all-inclusive list):

- Exoskeletal Assisted Device;
- Ekso;
- HAL;
- Indego;
- ReWalk
- REX;
- Trexo Robotic Device;
- Trexo Plus Device.

## Functional Levels

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**Clinical assessments of a member's rehabilitation potential should be based on the following classification levels:**

- Level 0:** Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility.
- Level 1:** Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- Level 2:** Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.
- Level 3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- Level 4:** Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

## Definitions

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**Activities of daily living (ADLs)** - basic personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring.

**Body-powered prosthetic** – uses a body harness and cable system to provide functional manipulation; the limb stump extends the cable and transmits the force of the terminal device.

**Chronic Venous Insufficiency (CVI)** – obstruction or reflux of blood flow in the veins caused by abnormalities of the venous wall and valves.

**CMS** – Center for Medicare & Medicaid Services.

**DMEPOS** – durable medical equipment is any equipment that provides therapeutic benefits to a patient/member in need due to certain medical conditions and/or illness.

**Functional (knee brace)** – stabilize the knee for activities of daily living (ADLs). A functional brace may be used to support an unstable knee and decrease the stress on an osteoarthritic joint. Functional braces may be prefabricated or custom-fabricated.

**Hybrid system prosthetic** – uses a combination of body-powered and myoelectric components. Generally lighter and useful for high-level amputations.

**Instrumental Activities of Daily Living** - activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.

**Mobility Related Activities of Daily Living** - activities related to personal everyday activities within the home. They include feeding, toileting, dressing, and grooming.

**Myoelectric Prosthesis:** a prosthetic device operated by battery-powered electric motors that are activated through electrodes by the myoelectric potentials provided by muscles from the remaining limb for control of movement through electromyography (EMG) signals.

**Passive prosthetic** – requires manual repositioning typically with use of opposite arm.

**Power Assisted** – supplementing or replacing manual effort with mechanical power.

**Prophylactic (knee brace)** - are used on knees to prevent injuries in a relatively normal (stable) knee. Most contracts exclude durable medical equipment used primarily in athletic or recreational activities.

**Rehabilitation (knee brace)** – allow for moderate knee joint motion post-injury or post-surgery. They employ locking knee hinges and are usually prefabricated.

**Unloading/Offloading (knee brace)** - "unloads" some of the weight from the medial or lateral compartment of a painful osteoarthritic knee to reduce pain and help increase mobility by bracing the knee in the valgus position.

## Related Policies

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New and Emerging Technology Coverage Status

Unlisted and Unspecified Procedure Codes

Durable Medical Equipment Rental vs Purchase

Internet and Mail Order Only DME Providers

## References

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## Appendix

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**Policy Number:**

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**Applicable regulations:**

**Commercial Ops:** 11/2022

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