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

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME POS) that are medically necessary and reasonable, defined as items that serve a medical purpose, withstand repeated use, and can be utilized in the home. Medical Necessity must be supported by documentation from the treating provider, and any additional evaluation requirements must be completed by an objective clinician not associated with the DME supplier.

This Health Services Policy includes coverage criteria for the following items:

A. **Hip, Knee, Ankle, and Foot Orthosis/Brace**
B. **Lower Limb Prosthetic (foot, knee, ankle, hip, sockets)**
C. **Wheelchairs and Accessories**
D. **Other Power Mobility Devices**
E. **Prosthetic Shoe/Orthopedic Footwear**
F. **Spinal (Back) Orthosis/Brace**
G. **Upper Limb Prosthetic**

H. Backup, Repair, Replacement and Recall of DME Items

Criteria

Commercial

I. DME POS Requirements

Prior Authorization Required for ALL items over $2500 per item, or as otherwise stated on PacificSource Authorization Grid.

Devices may be considered medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities.

DME coverage is subject to applicable contract language and regulatory requirements, which take precedence over all other criteria. Items intended primarily for comfort or convenience, for athletic performance, sports participation, recreational activities, or to prevent injury in an otherwise uninjured body part are not covered, unless otherwise required by law or the member's benefit contract. Coverage limitations, exclusions, and quantity limits are determined by the member benefit handbook and regulatory authority.

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

Items supplied from a facility at the time of procedure are not reimbursable separately.

A. Hip, Knee, Ankle, and Foot Orthosis/Brace

1. PacificSource considers coverage of hips orthosis medically necessary when **ANY** of the criteria below is met:
    a. Post operative control of motion of one hip to prevent dislocation or to facilitate healing of a fracture (e.g., total hip replacement)
    b. Rehabilitation of an injured or previously dislocated hip as an alternative to surgery
2. PacificSource considers coverage of knee orthosis medically necessary when the CMS Article A52465/LCD L33318 is met
3. PacificSource considers coverage of ankle-foot, knee-ankle-foot orthosis medically necessary when the CMS Article A52457/LCD L33686 is met

B. Lower Limb Prosthetic (foot, knee, ankle, hip, sockets)

1. PacificSource considers coverage of lower limb prosthesis to include feet, knees, ankles, hips, and sockets medically necessary when the CMS Article A52496/LCD L33787 is met

C. Wheelchairs and Accessories

1. PacificSource considers coverage of manual wheelchairs medically necessary when **ALL** of the criteria of MCG A-0354 (AC) is met
2. PacificSource considers coverage of power wheelchair medically necessary when **ALL** of the criteria of MCG A-0353 (AC) is met; except for the scooter related-criteria, as scooters are contract exclusion and are not covered

3. PacificSource considers coverage of wheelchairs accessories medically necessary when the criteria for LCD L33792 is met

D. Other Power Mobility Devices

1. PacificSource does not cover other power mobility devices (e.g., power operated vehicle, conveyance other than traditional wheelchairs). See member benefit handbook for contract exclusions (e.g., scooters)

E. Prosthetic Shoe/Orthopedic Footwear

1. PacificSource considers the coverage of orthotic footwear, custom-fitted shoe inserts medically necessary to treat conditions of the feet and ankles when the criteria of CMS Article A52481/LCD L33641is met
    a. Shoes that are put on over a partial foot prosthesis or other lower extremity prosthesis, shoes, and related modifications for treatment other than specified in this policy are **NOT** covered

F. Spinal (Back) Orthosis/Brace

1. PacificSource considers coverage of TLSO and LSO braces medically necessary when **ALL** of the criteria of MCG A-0880 is met

G. Upper Limb Prosthetic

1. PacificSource considers coverage of myoelectric and hybrid (myoelectric and body-powered *See definitions below*), upper limb prosthetics medically necessary when the criteria of MCG A-0701(Myoelectric Prosthesis) is met
2. Passive and body powered upper limb prosthetics **DO NOT** require prior authorization (e.g., Naked Prosthetics GripLock Fingers)

H. Backup, Repair, Replacement, and Recall for DME Items

1. See member benefit handbook for specific contract exclusions for DME Backup, Repair, and Replacement. In addition to contract requirements, replacement devices must meet **ONE** of the following:
    a. No longer under warranty
    b. In need of repairs that would exceed 60% of replacement cost
2. Recall
    a. In the event of a DME item recall, providers will exchange or make a comparable substitution available to the member for no additional charge. The full cost of the replaced device will not be covered if an inpatient or outpatient facility is receiving full or partial credit for the device being recalled. Payment will be deducted by the amount of the device credit
    b. PacificSource will participate and provide required documentation in any applicable class action lawsuits related to medical recalls. PacificSource will ensure providers are informed of medical recall information for applicable members
    c. In the case that PacificSource has reimbursed the provider for repair or replacement of the recalled item(s), or procedures due to the medical recall, PacificSource is entitled to recoup or recover fees from the manufacturer and/or distributor, as applicable.

d. Providers should bill the appropriate condition code, value code, modifier and/or diagnosis code to identify a medically recalled item

Medicaid

PacificSource Community Solutions follows the hierarchical process detailed in the "Clinical Criteria Used in UM Decisions" policy when determining coverage for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. PCS evaluates services based on the relevant coverage guidelines, limitations, and restrictions specified in the OHP Prioritized List of Health Services and its guidelines, Chapter 410 Division 122 Durable Medical Equipment, Prosthetic Orthotics, and Supplies, as well as any other applicable Oregon Administrative Rules (OARs).

PacificSource Community Solutions follows ORS 414.074 for repair of complex rehabilitation technology. Per ORS 414.074, “Complex rehabilitation technology” means manual or power wheelchair systems, adaptive seating systems, alternative positioning systems, adaptive strollers, standing frames, gait trainers or specifically designated options or accessories that are:

- Classified as durable medical equipment; and
- Individually configured for a specific individual to meet the individual’s unique medical, physical or functional needs and capacities for basic activities of daily living and instrumental activities of daily living, including employment.

The Oregon Health Authority, or a coordinated care organization shall make a determination on a request for prior authorization for medical assistance coverage for the cost to repair complex rehabilitation technology within 72 hours after receiving the request.

PCS follows the “Unlisted and Unspecified Procedure Codes” policy for requests for unlisted codes.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0000 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Chapter 410 Division 122 Durable Medical Equipment, Prosthetic, Orthotics, and Supplies, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource follows CMS NCD/LCD coverage guidelines. For any item to be covered, it must be reasonable and necessary (meet medical necessity requirements) 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 member benefit handbook for DME products that may not be covered per benefit contract 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 necessity should be provided by a clinician not associated with the DME provider.

Experimental/Investigational/Unproven

PacificSource considers wearable robotic exoskeleton (WRE) orthosis to be experimental, investigational, or unproven, including but not limited to:

- Angel Legs/Angel Suit Series
- Ekso NR and EksoGT
- HAL (Hybrid Assistive Limb)
- Indego
- ReWalk

PacificSource considers robotic ambulation devices (non-wearable exoskeleton (WRE)/powered gait device) to be experimental, investigational, or unproven, including but not limited to:

- REX
- Trexo Robotic Device
- Trexo Plus Device

PacificSource considers Adjustable click prosthesis (e.g., BOA®, RevoFit, RevoFit 2, RevoSurface) for upper and lower extremities to be experimental, investigational, or unproven.

PacificSource considers cycling or exercise Functional Electrical System (FES) devices to be experimental, investigational, or unproven, including but not limited to:

- MyoCycle
- RT300-SL systems (Leg-only FES Cycle)
- RT300 Home (Restorative Therapies)
- RT600 FES Step and Stand Rehabilitation Therapy System

PacificSource considers Air Expansion System (e.g., Overlay TT (Transtibial) and Overlay TF (Transfemoral) to be experimental, investigational, or unproven.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy's E/I/U list, to be reviewed by medical necessity review guidelines. Please see related policy, "Clinical Criteria Used in UM Decisions" to review criteria hierarchy and "Medical Necessity Reviews" for determination of coverage and medical necessity guidelines.

Definitions

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.

DME, POS – 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.

Functional Levels - A clinical assessment of a member's rehabilitation potential 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.

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.

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

Clinical Criteria Used in UM Decisions

Clinical Resources Used for Medical Necessity Determinations When No Other UM Clinical Criteria or Guideline Exists

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Coding Guidelines for Claims Editing (Line-Item Bill Auditing)

Durable Medical Equipment - General or Unspecified

New and Emerging Technology Coverage Status

Unlisted, Unspecified, and Not Otherwise Specified Procedure Codes

References

American Orthotic & Prosthetic Association https://www.aopanet.org/

Baldock, M., Pickard, N., Prince, M., Kirkwood, S., Chadwell, A., Howard, D., Dickinson, A., Kenney, L., Gill, N., & Curtin, S. (2023). Adjustable prosthetic sockets: a systematic review of industrial and research design characteristics and their justifications. Journal of neuroengineering and rehabilitation, 20(1), 147.

Centers for Medicare & Medicaid Services (CMS). Articles and Local Coverage Determination.

CoolFORCE hip brace suggested HCPC: L1686. (June 24, 2024). Advanced Orthopaedics. https://advanced-orthopaedics.com/store/coolforce-hip-brace-suggested-hcpc-l686/

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410 https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Prefabricated hip abduction orthosis - correct coding - jd DME - Noridian. JD DME. (September 17, 2020). https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2020/l1686-prefabricated-hip-abduction-orthosis-correct-coding

Rabe, E., Partsch, H., Morrison, N., Meissner, M. H., Mosti, G., Lattimer, C. R., Carpentier, P. H., Gaillard, S., Jünger, M., Urbanek, T., Hafner, J., Patel, M., Wu, S., Caprini, J., Lurie, F., & Hirsch, T. (2020). Risks and contraindications of medical compression treatment - A critical reappraisal. An international consensus statement. Phlebology, 35(7), 447–460. https://doi.org/10.1177%2F0268355520909066

Wang, M., Nong, Q., Liu, Y., & Yu, H. (2022). Design of lower limb prosthetic sockets: a review. Expert review of medical devices, 19(1), 63–73.

Won, Y. H., Ko, M. H., & Kim, D. H. (2021). Intermittent pneumatic compression for prolonged standing workers with leg edema and pain. Medicine, 100(28), e26639. https://doi.org/10.1097%2FMD.0000000000026639

Appendix

Policy Number:

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Author(s):

Depts.: Health Services

Applicable regulations: 42 CFR § 422.101(b-c); OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003, 410-122-0010 through 0730; Social Security Act §1833(e), Oregon SB 699 (includes ORS 743A.145 and OAR 836-052-1000)

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