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. The coverage of the DME POS is intended for items that serve a medical purpose, withstand repeated use, and can be utilized in the home. Documentation to support medical necessity should be provided by a clinician not associated with the DME provider.

Documentation from treating provider should support the need of DME. Any additional need for DME evaluation should be done by an objective clinician (i.e., not associated with the DME supplier).

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

I. **Hip, Knee, ankle, and foot 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. **Backup, Repair, Replacement and Recall of DME Criteria**

Criteria

Commercial

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.

Devices that are intended for comfort, convenience, OR used primarily for improved athletic performance, sports participation, recreational activities, or to prevent injury in an otherwise uninjured body part are Not covered.

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 separately reimbursable.

DME coverage is subject to contract language and regulatory requirements. 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) or have quantity limitations.

I. **Hip, Knee, ankle, and foot orthosis/brace**

A. PacificSource considers coverage of hips orthosis medically necessary when **ANY** of the criteria below is met:

1. Post operative control of motion of one hip to prevent dislocation or to facilitate healing of a fracture (e.g., total hip replacement)
2. Rehabilitation of an injured or previously dislocated hip as an alternative to surgery

B. PacificSource considers coverage of knee orthosis medically necessary when the CMS Article A52465/LCD L33318 is met

C. PacificSource considers coverage of ankle-foot, knee-ankle-foot orthosis medically necessary when the CMS Article A52457/LCD L33686 is L33787 is met

II. **Lower limb prosthetic**

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

III. **Manual Wheelchair Options and Accessories**

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

IV. Power mobility devices

Prior authorization is required

A. Power wheelchair:

1. See member benefit handbook for specific contract exclusions
2. PacificSource considers coverage of power mobility devices/wheelchair medically necessary when the CMS Article A52498/LCD L33789 is met

B. Other power mobility devices (e.g., power operated vehicle, conveyance other than traditional wheelchairs):

1. See member benefit handbook for specific contract exclusions
2. Devices that are intended for comfort and convenience are NOT covered (e.g., scooters)

V. Prosthetic shoe/orthopedic footwear

See member benefit handbook for specific contract exclusions.

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

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.

A. 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

VI. Spinal (Back) orthosis/brace

See member benefit handbook for specific plan contract exclusions.

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

Devices that are intended for comfort, convenience, OR used primarily for improved athletic performance, sports participation, recreational activities, or to prevent injury in an otherwise uninjured body part are NOT covered.

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

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

1. Post-operative spinal surgery back braces are covered when the associated spinal surgery is approved for coverage

VII. Upper limb prosthetic

A. 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:

B. Passive and body powered upper limb prosthetics **DO NOT** require prior authorization (e.g., Naked Prosthetics GripLock Fingers)

VIII. Backup, Repair, Replacement, and Recall for DME items

A. See member benefit handbook for specific contract exclusions for DME Backup, Repair, and Replacement. For PA requests, assessment of repair vs replacement cost is required.

1. **Is item still under warranty?**
    a. **Yes, consider repair**
    b. **No- replace**
2. **If repair is more than 60% of replacement cost, then replace**

B. Recall:

1. 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
2. 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
3. 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.
4. In applicable circumstances, 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).

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

PacificSource follows the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

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 motorized exoskeleton orthosis to be experimental, investigational, or unproven, including but not limited to:

- Exoskeletal Assisted Device
- Ekso
- HAL
- Indego
- Adjustable click prosthesis (e.g., BOA, RevoFit, RevoFit 2)
- ReWalk
- REX
- Trexo Robotic Device
- Trexo Plus Device

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

- MyoCycle
- RT300
- RT600

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/

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Appendix

Policy Number:

Effective: 11/1/2020 **Next review:** 6/1/2026

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulations: 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

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