

Orthotic and Prosthetic Claim Edits Grid

The following payment policy applies to Tufts Health Plan contracting orthotics and prosthetics providers. Payment methodologies are generally derived from CMS, National Correct Coding Initiative (NCCI), AMA CPT coding guidelines and Tufts Health Plan policies. Refer to the [Orthotic and Prosthetic Payment Policy](#) for more information.

| Category | Edit Language | Commercial | Senior Products | Tufts Health Public Plans |
|--|---|------------|-----------------|---------------------------|
| Breast Prostheses and Mastectomy Bras | Tufts Health Plan does not routinely compensate for L8030 if billed more than 2 per 7 months. | | | x |
| | Tufts Health Plan does not routinely compensate for L8030 if billed more than one unit per side in a two-year period. | x | x | x |
| Diabetic Shoes, Inserts, Modifications | Tufts Health Plan does not routinely compensate for therapeutic shoes/inserts/modifications for diabetics only unless a diagnosis of diabetes mellitus is also on the claim. | x | x | |
| Knee Orthoses | Tufts Health Plan does not routinely compensate for additions as included in primary procedure when billed with a prefabricated or custom fabricated base orthosis. | | | x |
| | Tufts Health Plan does not routinely compensate for additions as not medically necessary when billed without a paid prefabricated or custom fabricated base orthosis. | x | x | x |
| | Tufts Health Plan limits K0901, K0902, L1810, L1812, L1820 or L1830-L1860 to one per anatomical site. | x | x | x |
| | Tufts Health Plan limits knee orthoses to one per anatomical site for the same date of service. | x | x | x |
| | Tufts Health Plan limits the reasonable useful lifetime for prefabricated knee orthoses to 1 per year (K0901, K0902) or 2 per year (L1836, L1843, L1845) or 1 per two years (L1831, L1832, L1833, L1847, L1848, L1850). | x | | x |
| | Tufts Health Plan limits useful lifetime for custom fabricated knee orthoses to one every three years for members 18 years and older. | x | | |
| | Tufts Health Plan limits useful lifetime for prefabricated knee orthoses to one every two years for members 18 years and older. | x | | |
| Lower Limb Prostheses | Tufts Health Plan does not routinely compensate for A4310-A4328, A4332-A4360, or A5102-A5114 if billed without modifier(s) KX, GA or GZ | | x | |
| | Tufts Health Plan does not routinely compensate for A7025, A7026, or E0483 when billed without modifier(s) KX, GA or GZ | | x | |
| | Tufts Health Plan does not routinely compensate for additions to the preparatory prosthesis. | x | x | x |

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| Lower Limb Prostheses | Tufts Health Plan does not routinely compensate for E0731 (Form-fitting conductive garment for delivery of transcutaneous electrical nerve stimulation [TENS]) if billed without modifier(s) KX, GA or GZ | | x | |
| | Tufts Health Plan does not routinely compensate for E0784 or J1817 when billed without modifier(s) KX, GA or GZ | | x | |
| | Tufts Health Plan does not routinely compensate for L5647 or L5652 when billed with L5671 | x | x | x |
| | Tufts Health Plan does not routinely compensate for L5940-L5960 when billed without a qualifying endoskeletal system or socket HCPCS code | x | x | x |
| | Tufts Health Plan does not routinely compensate for Replacement sockets when billed with a lower limb prosthesis or preparatory lower limb prosthesis | x | x | |
| | Tufts Health Plan does not routinely compensate for Sockets, ultra-light material, outer covering system and flex foot system when billed with a preparatory prosthesis | x | x | x |
| | Tufts Health Plan does not routinely compensate for test socket with an immediate prosthesis | x | x | |
| | Tufts Health Plan does not routinely compensate for wearable defibrillators or nonwearable automatic defibrillators when billed without modifier(s) KX, GA or GZ | | x | |
| | Tufts Health Plan does not routinely compensate for L7520 when billed within 3 months of lower limb prostheses, preparatory lower limb, upper limb prostheses or preparatory upper limb prostheses | x | x | |
| | Tufts Health Plan does not routinely compensate for replacement sockets if billed with a lower limb prosthesis or preparatory lower limb prosthesis | x | x | |
| | Tufts Health Plan does not routinely compensate for sockets, ultra-light material, outer covering system and flex foot system if billed with a preparatory prosthesis | x | x | x |
| Modifiers for DME | Tufts Health Plan does not routinely compensate for orthotics and prosthetics billed without required modifiers. | x | x | x |
| Orthopedic Footwear | Tufts Health Plan does not routinely compensate for orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe when billed with leg prostheses that are attached to the residual limb by other mechanisms. | x | | |
| Orthotic and Prosthetic Items | Tufts Health Plan does not routinely compensate for orthotic or prosthetic procedure or item when billed if the same procedure has been paid within the previous five years by any provider. | x | x | |
| Orthotic Shoes | Tufts Health Plan limits one pair of orthotic shoes during a 12-month period. | | | x |
| Place of Service Restrictions | Tufts Health Plan does not routinely compensate for DME items when billed by a Medicare Administrative Contractor (MAC) provider and the place of service is not 01 (Pharmacy), 04 (Homeless Shelter), 09 (Prison), 12 | x | x | x |

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| | (Home), 13 (Assisted Living Facility), 14 (Group Home), 33 (Custodial Care Facility), 54 (Intermediate Care Facility/Mentally Retarded), 55 (Residential Substance Abuse Treatment Facility), 56 (Psychiatric Residential Treatment Center), 65 (End Stage Renal Disease [ESRD] Treatment Facility [POS valid for Parenteral Nutritional Therapy]). | | | |
| Prosthetic Repair and Replacement | Tufts Health Plan does not routinely compensate for L7520 when billed within 3 months of lower limb prostheses or preparatory lower limb, upper limb prostheses or preparatory upper limb prostheses. | x | x | |
| Bundling | Does not compensate for additions when billed with a prefabricated or custom fabricated base orthosis, as they are included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for additions when billed without a paid prefabricated or custom fabricated base orthosis, as they are considered not medically necessary. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each, addition to lower extremity, offset knee joint, each joint, addition to knee joint, disc or dial lock for adjustable knee flexion, each joint, addition to knee joint, ratchet lock for active and progressive knee extension, each joint, addition to lower extremity orthosis, plating chrome or nickel, per bar, addition to lower extremity orthosis, non-corrosive finish, per bar, addition to lower extremity orthosis, soft interface for molded plastic, below knee section or addition to lower extremity orthosis, soft interface for molded plastic, above knee section if billed with knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment, as it is included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity, offset knee joint, each joint; addition to lower extremity orthosis, knee control, condylar pad; addition to lower extremity orthosis, plating chrome or nickel, per bar or addition to lower extremity orthosis, non-corrosive finish, per bar if billed with knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment, as they are included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each, addition to lower extremity orthosis, plating chrome or nickel, per bar, addition to lower extremity orthosis, non-corrosive finish, per bar, addition to lower extremity orthosis, knee control, condylar pad, addition to lower extremity orthosis, soft interface for molded plastic, below knee section or addition to lower extremity orthosis, soft interface for molded plastic, above knee section if billed with knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and | x | x | |

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| Bundling | adjustment or knee orthosis, Swedish type, prefabricated, includes fitting and adjustment as they are included in the primary procedure. | | | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each if billed with knee orthosis, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment, as it is included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each; addition to lower extremity, non-molded lacer, for custom fabricated orthosis only; addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only; addition to lower extremity orthosis, plating chrome or nickel, per bar; addition to lower extremity orthosis, knee control, condylar pad; addition to lower extremity orthosis, soft interface for molded plastic, below knee section or addition to lower extremity orthosis, soft interface for molded plastic, above knee section if billed with knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated, as it is included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each; addition to lower extremity, offset knee joint, each joint; addition to knee joint, disc or dial lock for adjustable knee flexion, each joint; addition to knee joint, ratchet lock for active and progressive knee extension, each joint; addition to lower extremity orthosis, plating chrome or nickel, per bar; addition to lower extremity orthosis, non-corrosive finish, per bar; addition to lower extremity orthosis, knee control, condylar pad; addition to lower extremity orthosis, soft interface for molded plastic, below knee section or addition to lower extremity orthosis, soft interface for molded plastic, above knee section if billed with knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment, as it is included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each; addition to lower extremity orthosis, soft interface for molded plastic, below knee section or addition to lower extremity orthosis, soft interface for molded plastic, above knee section if billed with knee orthosis, without knee joint, rigid, custom fabricated or knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (SK), as they are included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each; addition to lower extremity, varus/valgus correction, plastic modification, padded/lined; addition to lower extremity, offset knee joint, each joint, addition to knee joint, disc or dial lock for adjustable knee flexion, | x | x | |
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| Bundling | each joint; addition to knee joint, ratchet lock for active and progressive knee extension, each joint; addition to lower extremity orthosis, plating chrome or nickel, per bar; addition to lower extremity orthosis, non-corrosive finish, per bar; addition to lower extremity orthosis, knee control, condylar pad; addition to lower extremity orthosis, soft interface for molded plastic, below knee section or addition to lower extremity orthosis, soft interface for molded plastic, above knee section if billed with knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment) or knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment, as they are included in the primary procedure. | | | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity, offset knee joint, each joint; addition to lower extremity orthosis, plating chrome or nickel, per bar or addition to lower extremity orthosis, non-corrosive finish, per bar if billed with knee orthosis, elastic with joints, prefabricated, includes fitting and adjustment, as it is included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each; addition to lower extremity, varus/valgus correction, plastic modification, padded/lined; addition to lower extremity, non-molded lacer, for custom fabricated orthosis only; addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only; addition to knee joint, disc or dial lock for adjustable knee flexion, each joint); addition to knee joint, ratchet lock for active and progressive knee extension, each joint; addition to lower extremity orthosis, plating chrome or nickel, per bar; addition to lower extremity orthosis, non-corrosive finish, per bar; addition to lower extremity orthosis, knee control, condylar pad; addition to lower extremity orthosis, soft interface for molded plastic, below knee section) or addition to lower extremity orthosis, soft interface for molded plastic, above knee section if billed with knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated, as it is included in the primary procedure. | x | x | |
| | Tufts Health Plan does not routinely compensate for wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory if billed with wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, as it is included in the primary procedure. | x | x | |

DOCUMENT HISTORY

- December 2020: Edits moved from orthotics and prosthetics payment policies to separate document for clarity

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.