Orthotic and Prosthetic Professional Payment Policy

Applies to the following Tufts Health Plan products:
☒ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)
☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting orthotic and prosthetic providers.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary orthotic and prosthetic services and supplies, as described below.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider website or by contacting Commercial Provider Services or Senior Products Provider Relations.

Coverage for orthotic and prosthetic services applies to a member’s durable medical equipment (DME) benefit.

Members should not be billed for orthotic and prosthetic items unless the claim has denied with a message code indicating that the item is not a covered service or the member is responsible for a deductible and/or coinsurance.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO members.

BILLING INSTRUCTIONS

Append modifier NU, if appropriate, to indicate purchase of the item.

When billing for bilateral orthotics and prosthetics that can be billed bilaterally, providers are required to use left (LT) and/or right (RT) modifiers. Tufts Health Plan does not compensate for HCPCS codes, identified as “pair codes”, if billed with modifier RT (right) or LT (left).

COMPENSATION/REIMBURSEMENT INFORMATION

Breast Prostheses and Mastectomy Bras

Effective for dates of service on or after October 1, 2017, Tufts Health Plan will not routinely compensate for silicone breast prosthesis (L8030) if billed more than one unit per side in a two-year period.

Frequency Policies and Descriptions

Tufts Health Plan sets frequency limits on certain DME procedures based on medical necessity. The following are policies that fall within frequency limitations:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Shoes</td>
<td>Does not compensate for diabetic shoes when billed for more than two units within a calendar year. Will not reimburse for diabetic shoe inserts/modifications when billed more than six units within a calendar year.</td>
</tr>
</tbody>
</table>

1 Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.
2 Refer to CMS for additional information.
### Orthotic and Prosthetic Professional Payment Policy

<table>
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| **Knee Orthoses**       | Limits the coverage of useful lifetime for prefabricated knee orthoses to one every two years for members 18 years and older.  
                         | Limits the coverage of useful lifetime for custom fabricated knee orthoses to one every three years for members 18 years and older.  
                         | Limits the coverage of knee orthoses to one per anatomical site for the same date of service.  
                         | **Note:** Effective for dates of service on or after October 1, 2017, Tufts Health Plan will limit coverage of knee orthoses (K0901, K0902, L1810, L1812, L1820 or L1830-L1860) to one per anatomical site. |
| **Prosthetic Repair and** | Does not compensate for prosthetic repair, labor per 15 minutes when billed within 3 months of lower limb prostheses or preparatory lower limb, upper limp prostheses or preparatory upper limb prostheses. |
| **Replacement**         |                                                                                                                                                                                                             |

Specific DME and supply codes have been assigned a maximum number of units that may be covered within a specified time frame for a member by any provider.

Tufts Health Plan does not routinely compensate for additional units billed by any provider for a particular member when the number of units billed for a specific procedure or supply exceeds the assigned frequency, as indicated in the table below.

**Tufts Health Plan:**

<table>
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| **Compression gradient stockings** | Provides coverage for up to 6 compression stockings, 18-30 mm Hg, below knee (A6530) billed within 365 days  
                           | Provides coverage for up to 6 single (or 3 pairs) compression stockings, 30-40 mm Hg, below knee (A6531) billed within 365 days  
                           | Provides coverage for up to 6 single (or 3 pairs) compression stockings, 18-30 mm Hg, thigh length (A6533) billed within 365 days  
                           | Provides coverage for up to 6 single (or 3 pairs) compression stockings, 30-40 mm Hg, thigh length (A6534) billed within 365 days  
                           | Provides coverage for up to 6 single (or 3 pairs) compression stockings, 18-30 mm Hg, waist length (A6539) billed within 365 days  
                           | Effective for dates of service on or after April 1, 2018, Tufts Health Plan will not routinely compensate A6545 (nonelastic gradient compression wrap) when more than four pairs are billed in a calendar year.  
                           | Effective for dates of service on or after April 1, 2018, Tufts Health Plan will not routinely compensate A6530, A6533 or A6536 (gradient compression stocking) when more than three pairs are billed within a calendar year.  
                           | **Note:** Tufts Medicare Preferred and Tufts Health Plan SCO members may receive up to four pairs within one calendar year. |
| **Knee orthotic**       | Will provide coverage for one knee orthotic (L1820) billed within 365 days  
                           | Does not routinely compensate for prosthetic sheath, each (L8400, L8410, L8415) when billed more than 12 times every six months  
                           | Does not routinely compensate for prosthetic sheath/sock, each (L8417) when billed more than 12 times per year  
                           | Does not routinely compensate for multiple ply prosthetic sock, each (L8420, L8430, L8435) when billed more than 12 times per year  
                           | Does not routinely compensate for single-ply prosthetic sock, each (L8470, L8480, L8485) when billed more than 12 times per year  
                           | Does not routinely compensate for prosthetic shrinker, each (L8440, L8460, L8465) when billed more than 12 times per year |

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3 Senior Products only. Currently implemented for Commercial products.  
4 Refer to the DME Regional Carrier for additional information.
The following edits may impact compensation for orthotics and prosthetics:

<table>
<thead>
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<tbody>
<tr>
<td>Bundling</td>
<td>Does not compensate for additions when billed with a prefabricated or custom fabricated base orthosis, as they are included in the primary procedure.</td>
</tr>
<tr>
<td></td>
<td>Effective for dates of service on or after October 1, 2017, 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.</td>
</tr>
<tr>
<td></td>
<td>Does not compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each; addition to lower extremity orthosis, 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.</td>
</tr>
<tr>
<td></td>
<td>Does not 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.</td>
</tr>
<tr>
<td></td>
<td>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 adjustment or knee orthosis, Swedish type, prefabricated, includes fitting and adjustment as they are included in the primary procedure.</td>
</tr>
<tr>
<td></td>
<td>Does not 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.</td>
</tr>
<tr>
<td></td>
<td>Does not compensate for addition to lower extremity orthosis, removable soft interface, all components, replacement only, each; addition to lower extremity orthosis, 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.</td>
</tr>
<tr>
<td>Policy</td>
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</tr>
<tr>
<td>Bundling</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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, 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, 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.</td>
</tr>
<tr>
<td></td>
<td>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, 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.</td>
</tr>
<tr>
<td></td>
<td>Does not 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.</td>
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<tr>
<td></td>
<td>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.</td>
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Revised 06/2018

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<td>Does not routinely compensate for wheelchair accessory, manual swingaway, retractive 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.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Does not routinely compensate for therapeutic shoes/inserts/modifications for diabetics only unless a diagnosis of diabetes mellitus is also on the claim.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Does not routinely compensate for an orthotic or prosthetic procedure or item when billed if the same procedure has been paid within the previous five years by any provider.</td>
</tr>
</tbody>
</table>

Tufts Health Plan does not routinely compensate for the following:

**Diabetic Shoes**
- Diabetic shoe inserts/modifications when billed with orthopedic footwear
- Orthopedic shoe inserts, heel stabilizer, orthopedic shoe lift elevation per inch, orthopedic shoe wedges, orthopedic shoe additions, and miscellaneous orthopedic shoe, addition modification or transfer when billed with diabetic footwear. Refer to the CMS website for additional information.
- Effective for dates of service on or after October 1, 2017, Tufts Health Plan will not routinely compensate for therapeutic shoes/inserts/modifications for diabetics only (A5500-A5513) when billed without right (RT) or left (LT) modifier.

**Lower Limb Prostheses**
- Suction valve when billed with a below knee/above knee locking mechanism. According to CMS, a modification that incorporates a suction valve is rarely needed when a suspension locking mechanism is being used.
- Test socket with an immediate prosthesis. According to CMS, it is not appropriate to provide a test socket with an immediate prosthesis.
- Sockets, ultra-light material, outer covering system and flex foot system when billed with a preparatory prosthesis. According to CMS, there are certain additions that not reimbursed when providing a preparatory prosthesis.
- Replacement sockets when billed with a lower limb prosthesis or preparatory lower limb prosthesis. According to CMS, replacement sockets are intended to bill as a replacement and should not be billed at the time a lower limb prosthesis or preparatory lower limb prosthesis has been billed.

Effective for dates of service on or after April 1, 2018, Tufts Health Plan will not routinely compensate for the following:
- L5940-L5960 (ultra-light material endoskeletal system additions) when billed without a qualifying endoskeletal system or socket HCPCS code, per CMS guidelines
- L5647 or L5652 (addition to lower extremity, suction suspension) when billed with L5671 (addition to lower extremity, locking mechanism)

**Orthopedic Footwear**
- 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. According to CMS, the custom molded shoe may be used only for a shoe that is custom fabricated from a model of a patient and has a removable custom fabricated insert designed for toe or distal partial foot amputation.

**Pneumatic Compression Devices**
Effective for dates of service on or after April 1, 2018, Tufts Health Plan will not routinely compensate E0650-E0651 or E0655-E0673 (pneumatic compressor/appliance device) when billed with a diagnosis of venous insufficiency and a diagnosis of chronic ulcer is not also present.

**DOCUMENT HISTORY**
- February 2018: Added claim edits for gradient compression stockings, lower limb prostheses, and pneumatic compression devices, effective for dates of service on or after April 1, 2018
- July 2017: Added edits for breast prostheses and mastectomy bras, diabetic shoes, knee orthoses effective for dates of service on or after October 1, 2017
• May 2017: Clarified orthotic and prosthetic frequency language to include procedures and items billed within a 5-year period by any provider
• February 2017: Policy reviewed; added orthotic and prosthetic edits to policy from DME policy
• January 2017: Templates updates; combined Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO policies
• September 2015: Template conversion, template updates
• May 2013: Template conversion
• May 2012: Added that effective for claims adjudicated on or after July 1, 2012, when billing for bilateral orthotics and prosthetics that can be billed bilaterally, providers are required to use left (LT) and/or right (RT) modifiers.
• March 2012: Updated CareLink disclaimer language
• October 2011: Template updates, no content changes
• July 2010: Reviewed document, minor changes made for clarity
• February 2008: Revised general benefit information with self-service channels information.

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 an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/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.