

Orthotic and Prosthetic Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; 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 up to the benefit maximum³, in accordance with the member's benefits, CMS, MassHealth, and/or Rhode Island (RI) EOHHS guidelines, as applicable.

Tufts Health Plan SCO and Tufts Health Unify provide coverage for all medically necessary orthotics and prosthetics covered by original Medicare and Medicaid (MassHealth).

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 [portal](#) or by contacting [Provider Services](#).

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

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain orthotic and prosthetic items require prior authorization. The provider is responsible for obtaining the practitioner's order/prescription for any requested item(s). As a condition of payment, it is the responsibility of the **rendering** provider to obtain prior authorization or notification, as applicable. If notification is not obtained or approved, the claim will be denied. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

Commercial and Tufts Health Public Plans products: Refer to the [medical necessity guidelines](#) in the Provider Resource Center for a list of orthotic and prosthetic items requiring prior authorization.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

³ Authorized medical supplies, respiratory equipment/supplies (excluding PAP therapy, nebulizers and related supplies), insulin pumps and related diabetic supplies are not applied to the benefit maximum.

Senior Products: Refer to the [prior authorization and inpatient notification](#) list for Tufts Medicare Preferred HMO or the [prior authorization](#) and [notification](#) lists for Tufts Health Plan SCO to identify specific items, services, and supplies that have prior authorization and/or notification requirements.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

- Submit multiple same-day services on one line; the number of services/units should reflect all services rendered.
- Append modifier SQ to indicate item ordered by a home health provider
- When billing for bilateral orthotics and prosthetics, providers must use left (LT) and/or right (RT) modifiers. Tufts Health Plan does not compensate for HCPCS "pair codes" if billed with modifier(s) RT or LT.

Modifiers

Tufts Health Plan requires all industry standard [modifiers](#) on orthotic and prosthetic claims. Claims submitted without complete and appropriate modifiers will be denied. Refer to the [DME Medicare Administrative Contractor \(MAC\)](#) for a list of modifiers appropriate for orthotic and prosthetic claims.

Individual Consideration (Tufts Health Together)

DME and medical supplies designated as individual consideration (IC) or adjusted acquisition cost (AAC) are reimbursed with an invoice. Refer to the [Individual Consideration Services Payment Policy](#) for more information on claim submission.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Note: Orthotic and prosthetic rental costs are reimbursed only up to the purchase cost.

Click [here](#) for a list of orthotic and prosthetic edits that may impact claims compensation.

ADDITIONAL RESOURCES

- [Durable Medical Equipment and Medical Supplies Payment Policy](#)
- [Sleep Studies and PAP Therapy Prior Authorization Program](#)

DOCUMENT HISTORY

- December 2020: Policy reviewed by committee; moved claim edits into separate document for clarity
- 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

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.