
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

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18.2.21 Orthotics and Prosthetics**18.2.21.1 Orthotic Devices**

Orthotic devices include leg braces, neck braces, knee braces and supports, spinal supports, splints, brace attachments and repairs. The request for approval should include the following:

1. Complete description of special type brace;
2. Beneficiary's mental and physical ability to use the device;
3. Whether the device is a replacement;
4. Whether training is indicated; and
5. Plan of training, when indicated.

18.2.21.2 Orthopedic Shoes and Corrections

Orthopedic shoes and corrections may be approved only when:

1. Needed to protect gains from surgery or casting (qualifies as an emergency prior authorization (PA));
2. Medically necessary to prevent clinical deterioration of the foot as with beneficiaries with severe diabetes;
3. Medically necessary to prevent clinical deterioration of the foot as with beneficiaries with severe peripheral vascular disease; or
4. Attached to braces.

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Shoes for Diabetics

Special shoes and corrections are covered for diabetics. Coverage is provided for extra-depth or custom molded shoes, as well as inserts or modifications, when the physician:

1. Documents that the beneficiary has diabetes;
2. Certifies that the beneficiary is being treated under a comprehensive plan of care for his/her diabetes and that he/she needs therapeutic shoes; and
3. Documents that the beneficiary has one or more of the following conditions:
 - a. Previous amputation of the foot or part of the foot due to complications that resulted from diabetes;
 - b. History of previous foot ulceration;
 - c. Pre-ulcerative callus formation, or peripheral neuropathy with a history of callus formation;
 - d. Foot deformity; or
 - e. Poor circulation.

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Shoe Lifts

Shoe lifts are covered only if the lift needed is greater than one-half inch. Inserts are only covered for shoes which are attached to braces, or when there is sufficient documentation from the treating physician to justify medical coverage without the attachments to braces.

Reimbursement

Because Medicare requires that the beneficiary either has diabetes with peripheral complications or the shoe must always be attached to braces, Medicaid will allow PA for consideration of payment when Medicare's criteria are not met. The provider must use a GY modifier when submitting the PA request for consideration or the claim for payment.

NOTE: Cables are not considered braces and therefore are not covered.

Shoes for Minor Orthopedic Problems

Payment will not be made for shoes to correct minor orthopedic problems such as pes planus, metatarsus adductus, and internal tibial torsion.

18.2.21.3 Prosthetic Devices

Prosthetic devices include artificial limbs, body parts, sockets, suspension components, attachment, alignment and finishing. A complete description of the prosthesis is required, such as whether the device is a conventional type, above the knee or a special type. The request should indicate the following:

1. Whether the request is for the first prosthesis or a replacement;
2. The mental and physical ability of the beneficiary to use the device; and
3. Whether training is required for a replacement.

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A plan of training shall always be a part of a first request for prosthesis.

18.2.21.4 Traction Equipment

Traction equipment is approved only if the beneficiary has significant orthopedic impairment which prevents ambulation. Cervical traction collars are considered under orthotic devices.

18.2.21.5 Breast or Mammary Prostheses

A breast or mammary prosthesis is approved only after breast removal. If one breast is removed, one prosthesis may be approved. Replacement of a prosthesis may be approved if medical need is established and documented.