

## Corporate Medical Policy

### Orthotics

**File Name:** orthotics  
**Origination:** 6/1990  
**Last CAP Review:** 11/2002  
**Next CAP Review:** n/a  
**Last Review:** 10/2011

**Active policy, no longer scheduled for routine literature review.**

### Description of Procedure or Service

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An orthotic (orthosis) is a rigid or semi-rigid orthopedic appliance or device that is used to support, align, prevent or correct deformities, protect a body function, improve the function of movable body parts or to assist a dysfunctional joint. Orthotics may also redirect, restrict or prevent motion of an impaired body part. An orthotic must be used for therapeutic support, protection, restoration, or function of an impaired body part and be used in the treatment of an illness or injury. Examples of orthotic devices include, but are not limited to the following:

- splints for extremities
- braces for leg, arm, neck, back, and shoulder
- trusses
- corsets for back problems or following a surgical procedure
- foot orthotics which are custom molded

***\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

### Policy

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**Active policy, no longer scheduled for routine literature review.**

**BCBSNC will provide coverage for an Orthotic device when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

### Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy. Some BCBSNC Plan Contracts specifically exclude Orthotic Devices from coverage.

Some BCBSNC Plan Contracts have limitations on Foot Orthotics. Please refer to the member's benefit booklet for availability of benefits.

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Please refer to the member's benefit booklet for "Professional Services", "Orthotic Devices", and "Durable Medical Equipment."

## When Orthotics are covered

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Orthotics are considered medically necessary when **both** of the following criteria are met:

1. The orthotic device is medically necessary to support or aid in the treatment of an illness or injury; and
2. It is prescribed by a qualified physician.

Spring-loaded orthotic devices (e.g., JAS splints) are eligible for coverage when the patient is not responding favorably to conventional methods for restoring joint motion such as exercise and/or physical therapy.

Continued coverage for spring-loaded orthotic devices is eligible when significant measurable improvement in joint range of motion is being made while using the device.

All medically necessary supplies, adjustments, repairs or replacement of covered orthotic devices are eligible for coverage. Replacement of the orthotic is generally provided under the following conditions:

- after the device's normal life span; or
- following malfunction of the device; or
- for growth adjustments.

Foot orthotics may be eligible for coverage when **both** of the following criteria have been met:

1. the orthotic has been custom molded from a mold of the patient's foot; and
2. the orthotic was prescribed by a qualified provider.

## When Orthotics are not covered

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Orthotics are considered to be **not medically necessary** under the following circumstances:

1. Orthotics that are not prescribed by a qualified physician are not covered.
2. Spring-loaded orthotics (e.g., JAS splints) are not covered when conventional methods of treating a stiff or contracted joint have not been attempted.
3. Spring-loaded orthotics (e.g., JAS splints) are not covered for longer than 3 months of use.
4. Upgraded splints or orthotics may not be medically necessary. (Upgrades include, but are not limited to: decorative items; functionality or features beyond what is required for management of the patient's current medical condition.)
5. Over the counter support devices are not eligible for coverage.
6. Elastic stockings and garter belts are not eligible for coverage.

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7. Orthopedic shoes are not eligible for coverage unless one or both shoes are an integral part of a leg brace.
8. Orthotic devices are not covered for sport-related activities (example: a knee brace to prevent injury to the knees while playing football). However, an orthotic would be covered for the treatment of the initial, acute, sports-related injury.
9. Foot orthotics are considered not medically necessary when the criteria listed above have not been met.
10. Thoracic-lumbo-sacral orthotics incorporating pneumatic inflation are considered investigational.
11. Patient-actuated serial stretch (PASS) devices such as the ERMI Flexionater® or ERMI Extensionater® are considered not medically necessary.
12. Custom made orthotic devices are not medically necessary unless there is clinical documentation indicating that a non-custom made orthotic device is not appropriate for the condition or diagnosis.

## Policy Guidelines

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Some BCBSNC Plan contracts specifically exclude coverage for Orthotic Devices. Specific contracts must be reviewed before determining coverage eligibility.

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: L0112-L4398, L4631, L5961 L3660, L3670, L3675, E1800, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1821, E1824, E1825, E1830, E1831, E1840, E1841*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual - 11/30/96

Medical Policy Advisory Group - 12/99

Specialty Matched Consultant Advisory Panel - 9/2000

Medical Policy Advisory Group - 9/14/2000

BCBSA Medical Policy Reference Manual, 2/15/2002; 1.04.02

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Specialty Matched Consultant Advisory Panel - 8/2002

BCBSA Medical Policy Reference Manual, 7/12/02; 1.03.01 and 7/12/02; 1.03.02

## **Policy Implementation/Update Information**

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6/90	Original Policy
8/99	Reformatted, Medical Term Definitions added.
12/99	Medical Policy Advisory Group
7/00	Information added regarding foot orthotics.
8/00	System coding changes.
9/00	Specialty Matched Consultant Advisory Panel review. Medical Policy Advisory Group review. Approved. No change in criteria. Typographical errors corrected. System coding changes.
01/01	Changed Date of Next Review to 9/2002
4/01	Added information indicating that the only foot orthotics covered are those which are made from corrected custom molds of the patient's feet.
1/02	Removed statement saying that arch supports are not covered. Coding changes.
2/02	Corrected implementation information for 1/02. Revised "When Orthotics are Covered" to state "the orthotic was prescribed by a qualified provider" Removed the following statement "the mold has had corrections made to it before the orthotic is fabricated to accommodate the condition being treated."
5/02	Revised policy under when it is not covered to include thoracic-lumbo-sacral orthosis incorporating pneumatic inflation is investigational. Format changes. Codes E1800-E1840, K0112-K0116, L5999, L7499, and L8239 added to Billing and Coding section.
8/02	Specialty Matched Consultant Advisory Panel meeting 8/14/2002. No changes.
11/02	Policy revised to include covered and not covered indications for the Dynasplints/JAS Splints. Individual policy for Dynasplint will no longer be maintained. Added words to the Policy Key Word section.
12/02	Code E0830 added to Billing and Coding section. System coding changes.
9/03	Policy status changed to: "Active policy, no longer scheduled for routine literature review".
4/04	Benefits Application and Billing/Coding sections updated for consistency. Individual codes listed for code ranges E1800-E1840 and K0114-K0116 under Billing/Coding section. Added codes, K0628, K0629, K0630, K0631, K0632, K0633, K0634, K0635, K0636, K0637, K0638, K0639, K0640, K0641, K0642, K0643, K0644, K0645, K0646, K0647, K0648, and K0649 to policy.
8/12/04	Codes K0618 and K0619 added to Billing/Coding section.

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- 2/3/05 First quarter 2005 HCPCS codes L1932, L2005, L2232, and L4002 added to Billing/Coding section in policy. Policy number added in key word section.
- 4/07/05 New HCPCS code S8434, effective 4/1/05, added to Billing/Coding section of policy.
- 5/19/05 Removed codes: K0114, K0115 and K0116 from Billing/Coding section due to deletion from HCPCS 2005.
- 4/10/06 Updated Billing/Coding section to reflect 2006 HCPCS code changes.
- 4/9/07 Statement added to When Orthotics are Covered section that reads: Continued coverage for spring-loaded orthotic devices is eligible when significant measurable improvement in joint range of motion is being made while using the device. Updated Billing/Coding section to reflect 2007 HCPCS codes changes. (adn)
- 6/22/10 Policy Number(s) removed (amw)
- 10/12/10 Added codes E1800, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1821, E1824, E1825, E1830, E1840, E1841 to Billing/Coding section. Added the following statements to the When not covered section: "Patient-actuated serial stretch (PASS) devices such as the ERMI Flexionater® or ERMI Extensionater® are considered not medically necessary. Custom made orthotic devices are not medically necessary unless there is clinical documentation indicating that a non-custom made orthotic device is not appropriate for the condition or diagnosis." Added the following statement to the Benefits Application section: "Please refer to the member's benefit booklet for "Professional Services", "Orthotic Devices", and "Durable Medical Equipment." (mco)
- 1/4/11 Added codes E1831, L5961 and L4631 to Billing/Coding section to reflect 2011 HCPCS code changes. L3672 and L3673 will no longer be valid HCPCS codes effective 1/01/11. (mco)
- 5/24/11 Removed reference to "dynasplints" in policy. (btw)
- 10/25/11 Revised (i.e, JAS splints) to read (e.g., JAS splints) throughout the policy. Description section reformatted. Medical Director review 10/2011. (mco)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.