BlueCross BlueShield of North Carolina MEDICARE

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + Medicare℠ (HMO-POS D-SNP)

Reimbursement Policy	
Subject: **Prosthetic and Orthotic Devices**	
Policy Number: **G-06084**	Policy Section: **Prosthetics and Orthotics**
Last Approval Date: **10/14/2024**	Effective Date: **10/14/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

NCBCBS-CR-RP-076499-25-CPN75099 June 2025

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC allows reimbursement of prosthetic and orthotic devices when provided as part of a physician's services or ordered by a physician and used in accepted medical practice unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the prosthetic or orthotic device dispensed. The design, materials, measurements, fabrications, testing, fitting, and training in the use of the device are included in the reimbursement of the device and are not separately reimbursable expenses.

Reimbursement is allowed for repair of prosthetic and orthotic devices:

- When necessary to make the device serviceable.
- When the device is no longer covered under the supplier's or manufacturer's warranty.
- Up to the estimated expense of replacement of the device.

Note: the health plan also allows reimbursement of repairs to member owned devices.

Reimbursement is allowed for replacement of prosthetic and orthotic devices due to:

- Change in the patient's condition.
- Substantial change in patient's growth and/or weight.
- Permanent and/or accidental damage.
- Irreparable wear in consideration of the reasonable useful lifetime of the device of not less than five years based on when the equipment is delivered to the member.
- Loss of the item from theft, fire, or natural disaster.

Nonreimbursable

The health plan does not allow reimbursement for prosthetics and orthotics under the following conditions:

- Provision of a device that exceeds the benefit limit unless authorized through medical necessity.
- Enhancements or upgrades of a device for the convenience of the member or caregiver.
- The aesthetic appearance of a device for the preference of the member or caregiver.
- A device considered experimental or investigational.

- Repair or replacement of a device as a result of abuse or neglect.
- Repair or replacement of a device during the warranty period.
- Over-the-counter orthotic.

Dental prosthetics are considered for reimbursement through delegated agreements between applicable company health plans and contracted dental vendors.

In instances of theft, a police report is required for consideration of replacements.

Related Coding
Standard correct coding applies

Policy History	
10/14/2024	Review approved and effective: added language for member owned devices
05/16/2022	Review approved: policy template updated
01/01/2021	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS • State contract

Definitions	
Prosthetic device	An artificial structural and functional replacement of: • A limb/appendage or internal organ. • All or part of the function of a permanently inoperative or malfunctioning internal body organ.
Orthotic device	A brace with rigid metal or plastic stays applied to the body: • For support or immobilization of a body part. • To correct or prevent deformity. • To assist or restore function.
General Reimbursement Policy Definitions	

Related Policies and Materials
Reimbursement of Items under Warranty