

Upper Limb Orthoses

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not meeting coverage guidelines.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Most orthotics require precertification. Must have detailed written order included with precertification. Refer to The Health Plan DME POS Authorization and Compensation Guide for the HCPCS codes that require precertification.

Any JAS or ERMI system requested under an "L" code should be sent to the medical director for review.

National Coverage Determination Policy	None
Local Coverage Determination Policy	None
Effective Date	For services performed on or after 01/01/15
Revision/Review Date	01/19, 12/18, 06/07/18, 07/01/17, 09/28/16, 03/01/14
The Health Plan	Plans will follow Medicare and The Health Plan guidelines unless otherwise indicated in sections of this policy, contractual agreement, or plan document. WV Medicaid plans will follow WV Medicaid coding guidelines in regards to the expanded Off –The- Shelf HCPCS codes. See The Health Plan DME POS Authorization and Compensation Guide.

DESCRIPTION

Orthoses are devices, such as a brace or splint, for supporting, immobilizing, or treating muscles, joints, or skeletal parts which are weak, ineffective, deformed, or injured. (1)

Upper extremity orthoses are classified as either static or dynamic.

A static orthotic does not allow motion. It provides rigid support. Usually used in the treatment of fractures, inflammatory conditions, or nerve injuries.

A dynamic orthotic does permit motion. Usually used in the treatment of weak muscles and joint contractures.

Upper-limb orthoses include, but are not limited to, shoulder orthoses (SO), elbow orthoses (EO), elbow-wrist-hand orthoses (EWHO), elbow-wrist-hand-finger orthoses (EWHFO), wrist-hand-finger orthoses (WHFO), wrist-hand orthoses (WHO), hand-finger orthoses (HFO), finger orthoses (FO), shoulder-elbow-wrist-hand orthoses (SEWHO), shoulder-elbow orthoses (SEO), and fracture orthoses.

COVERAGE GUIDELINES

Upper extremity orthoses are covered in the treatment of upper extremity injury or post-surgery when there is a need for the following:

1. To reduce pain by restricting mobility of the affected body part.
2. To facilitate healing following an injury to the affected body part or related soft tissue.
3. To facilitate healing following a surgical procedure on the affected body part or related soft tissue.
4. To support weak muscles and/or a deformity of the affected body part.
5. To Increase range of motion
6. To apply traction for either correction or prevention contractures: (Please see the policy on dynamic splinting devices for coverage guidelines.)

NONCOVERAGE STATEMENT

Replacement or repair of an orthotic or prosthetic device due to confirmed misuse or abuse by the client, the client's family, paid caregiver, or the supplier is not covered.

1. Orthotics prescribed by a nonqualified physician or physician extender are not covered.
2. Orthoses primarily used for athletic or recreational purposes are not covered.
3. Bi-directional static progressive devices such as the JAS and ERMI systems are not covered. (Please refer to the dynamic splinting policy.)
4. Spring-loaded orthotics and static progressive stretch devices are not covered when conventional methods of treating a stiff or contracted joint have not been attempted. Provider must use the appropriate E code where applicable.
5. Spring-loaded orthotics and static progressive stretch devices are not covered for longer than three months of use, unless otherwise authorized by the medical director. The devices must be coded with the appropriate E code where applicable.
6. The code L3891, addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each, is not covered.

7. Items that are made of primarily elastic material, including but not limited to, neoprene or spandex (elastane, Lycra®), and does not have hard/rigid plastic or metal components is to be coded A4466, and is not covered.
8. MYOPRO upper extremity orthosis – myoelectric exoskeleton- no loss of limb. Considered investigational.

REPAIR AND REPLACEMENT

Modifications of orthotic and prosthetic systems, due to growth or a change in medical status, require precertification and review.

Repairs required due to normal wear require review and may not be covered based on reasonable useful lifetime guidelines. Additional information may be requested to determine if repairs and modifications are cost effective.

Replacement of an orthotic or prosthetic device will be considered when loss or irreparable damage has occurred due to a traumatic event (e.g., vehicle accident, a residential fire, theft, etc.) requires precertification and review. A copy of the police or fire report is required, when appropriate, along with the measures to be taken to prevent a repeat of similar loss.

Replacement or repair of an orthotic within 90 days due to ill-fit of the orthotic will be the responsibility of the provider.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENT SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
LT	LEFT SIDE
RT	RIGHT SIDE

HCPCS CODES

SHOULDER ORTHOSES (SO)

L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF – THE – SHELF
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF- THE -SHELF

L3670	SHOULDER ORTHOSIS, ACROMI/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF –THE-SHELF
L3671	SHOULDER ORTHOTIC (SO), SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3674	SHOULDER ORTHOTIC, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INTERFACE STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3675	SHOULDER ORTHOSIS, VEST TYPE, ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF

ELBOW ORTHOSES (EO)

L3702	ELBOW ORTHOTIC (EO), WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF- THE – SHELF
L3720	ELBOW ORTHOTIC (EO), DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED
L3730	ELBOW ORTHOTIC (EO), DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED
L3740	ELBOW ORTHOTIC (EO), DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED
L3760	ELBOW ORTHOTIC (EO) WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTM TO FIT A SPECIFIC FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.
L3761	ELBOW ORTHOTIC (EO) WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L3763	ELBOW-WRIST-HAND ORTHOSIS (EWHO), RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3764	ELBOW-WRIST-HAND ORTHOTIC (EWHO), INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3765	ELBOW-WRIST-HAND-FINGER-ORTHOTIC (EWHFO), RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3766	ELBOW-WRIST-HAND-FINGER-ORTHOTIC (EWHFO), INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

WRIST HAND FINDER ORTHOSES

L3806	WRIST-HAND-FINGER ORTHOTIC (WHFO), INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3807	WRIST-HAND- FINGER ORTHOTIC (WHFO), WITHOUT JOINT(S), PREFABRICATED ITEM, THAT HAS BEEN TRIMMED, BENT, MOLDED OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L3808	WRIST-HAND-FINGER ORTHOTIC (WHFO), RIGID W/O JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3809	WRIST-HAND-FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF THE SHELF, ANY TYPE

ADDITION TO UPPER EXTREMITY ORTHOSES

L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH
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DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION

L3900	WRIST-HAND-FINGER ORTHOTIC (WHFO), DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED
L3901	WRIST-HAND-FINGER ORTHOTIC (WHFO), DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED

EXTERNAL POWER

L3904	WRIST-HAND-FINGER ORTHOTIC (WHFO), EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED

OTHER UPPER EXTREMITY ORTHOTICS

L3905	WRIST- HAND-ORTHOTIC (WHO), INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3906	WRIST-HAND-ORTHOSIS (WHO), WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3908	WRIST-HAND ORTHOSIS, WRIST EXTENSION, CONTROL COCK UP, NON-MOLDED, PREFABRICATED, OFF-THE-SHELF
L3912	HAND-FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF
L3913	HAND-FINGER ORTHOTIC (HFO), WITHOUT JOINT(S), MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3915	WRIST- HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L3916	WRIST- HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF –THE –SHELF
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF- THE -SHELF
L3919	HAND ORTHOTIC (HO), WITHOUT JOINT(S), MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS
L3921	HAND-FINGER ORTHOTIC (HFO), INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

L3923	HAND- FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L3924	HAND- FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE -SHELF
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NONTORSION JOINT/ SPRING EXTENSION / FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/ DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS PREFABRICATED ITEM THAT THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY A PERSON OF EXPERTISE
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE-SHELF
L3931	WRIST- HAND -FINGER ORTHOSIS(WHFO), INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT

SHOULDER, ELBOW, WRIST, HAND ORTHOTICS

L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS (SEWHO), ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS (SEWHO), SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS (SEWHO), ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS (SEWHO), ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

ADDITIONS TO MOBILE ARM SUPPORTS

L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

FRACTURE ORTHOTIC

L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREARM SECTION, MAY INCLUDE SOFT INTERFACE, STRAPS, INCLUDES FITTING AND ADJUSTMENTS
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED

The following are examples of conditions that may support medical necessity for an upper extremity orthotic. Not an all-inclusive list.

Cerebral palsy, spinal cord injury, brachial plexus lesions, nerve lesions, upper extremity paralysis, juvenile rheumatoid arthritis, reduction of deformities, fractures, sprains, strains of the upper extremity, and carpal tunnel.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Order must include any specific feature of the base code and every addition requested. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code, as coverage for several orthotics is diagnosis driven
 - e. Physician signature - with date. Date stamps are not appropriate
2. For **custom fabricated orthoses**, there must be documentation in the supplier's records to support the medical necessity of that type of device rather than a prefabricated orthosis. The physician order must specifically state "custom orthotic." For custom fabricated orthoses, there must be detailed documentation in the treating physician's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis. The information from the medical record can then be corroborated by the functional evaluation from the orthotist or prosthetist's records.

This information must be available upon request usually with precertification per The Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (e.g. A Medicare Certificate of Medical Necessity, and /or a provider created form), The Health Plan reserves the right to request the medical record that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

UPPER LIMB ORTHOTICS PROVIDED WHILE MEMBER IN A PART A COVERED STAY

Reimbursement for an orthotic device provided to a member while the member is covered in a Part A facility (Hospital or inpatient acute rehabilitation or long term acute care facility), will be included in the facility reimbursement if the device is intended for use while the member is in the facility for inpatient treatment or rehabilitation. A separate claim from a durable medical equipment provider must not be submitted in this situation.

Reimbursement for an orthosis provided while a member is in a SNF receiving Part A services, will be reimbursed according to individual facility contracts.

BILLING GUIDELINES

There must be an order on file prior to dispensing the orthotic.

WV Medicaid does not recognize the differentiation between prefabricated, off-the-shelf and prefabricated requiring custom fit. *See The Health Plan DME POS Authorization and Compensation Guide for covered codes.*

The precertification for code L2999 must include the description of the item (for custom-fabricated items), or the manufacturer name and model name/number (for prefabricated items). For replacement components billed with code L2999, there must also be a HCPCS code or the manufacturer name and model name/number of the base orthosis.

Elastic garments may be made of a variety of materials, including but not limited to neoprene or spandex (elastane, Lycra®). If a garment made with elastic material has a rigid plastic or metal component, it is considered a non-elastic orthosis for purposes of coverage and coding.

If a hand-finger garment is made primarily of elastic material, it must be billed with code A4466 (Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each) and not code L3923, or L3924.

Per the Pricing, Data Analysis Contractor (PDAC) . Effective for dates of service on or after January 1, 2019, the following codes must be used.

For the MyoPro 2® Motion E and Motion W

- L8701- POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED

For the MyoPro 2® Motion G

- L8702 - POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED

E1399 is considered inappropriate coding.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or Advanced Beneficiary Notification (ABN) to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

All current DME products coded by the PDAC contractor are found on the PDAC website on Durable Medical Equipment Coding System (DMECS), <https://www.dmepdac.com/dmecsapp/>

DEFINITIONS AND DESCRIPTION

Dynamic Splints: One or more resilient components (elastic, rubber bands, or springs) that produce motion. They are designed to increase passive motion, to augment active motion by assisting a joint through its range, or to substitute for lost motion. Generally includes a static base on which to attach moveable components.

Immobilization Splints: Does not allow motion. Used or protection to prevent further injury, for rest to reduce inflammation or pain, or for positioning to facilitate proper healing, i.e., after surgery. An example would be a resting hand splint.

Mobilization Splints: Increases limited ROM or to restore or augment function. It may assist a weak muscle or substitute for motion lost because of nerve injury or muscle dysfunction. The devices may provide resistance for a weak muscle to exercise against to improve its strength or to facilitate tendon gliding after tendon surgery.

Restriction Splints: Limit joint ROM but does not completely stop joint motion.

Serial Static Splint: Slow, progressive increases in ROM by repeated remolding of the splint or cast.

Static Progressive Splints: A static mechanism that adjusts the amount or angle of traction acting on a part. It may have a cloth strap, nylon line, or a buckle.

Static Splints: No moveable components and immobilizes a joint or part. It is fabricated to rest or protect, to reduce pain, or to prevent muscle shortening or contracture.

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INTERNET LINKS AND SOURCES

Merriman and Webster online dictionary merriam-webster.com/dictionary/orthotic

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