

Corporate Medical Policy

Orthotics

File Name: orthotics
Policy Number: OTH8100
Origination: 6/1990
Last Review: 11/2002

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

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

Policy

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.

This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

Benefits Application

Please refer to member's individual Certificate for availability of benefit.

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 individual Certificate for availability of benefit.

See Professional Services and Orthotic Devices.

Policy: Orthotics

When Orthotics are covered

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 (i.e., dynasplints, 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:

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

When Orthotics are not covered

- ◆ When they are determined to be **not medically necessary**.
- ◆ When they are **not prescribed** by a qualified physician.
- ◆ Spring-loaded orthotics (i.e., dynasplints, JAS splints):
 - are not covered when conventional methods of treating a stiff or contracted joint have not been attempted; and
 - are not covered for longer than 3 months of use.
- ◆ Upgraded splints 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.)
- ◆ **Over the counter support devices** are not eligible for coverage.
- ◆ **Elastic stockings and garter belts** are not eligible for coverage.
- ◆ **Orthopedic shoes** are not eligible for coverage unless one or both shoes are an integral part of a leg brace.
- ◆ 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.
- ◆ The criteria listed above for foot orthotics has not been met.
- ◆ Thoracic-lumbo-sacral orthosis incorporating pneumatic inflation is considered **investigational**.

Policy: Orthotics

Policy Guidelines

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

Custom made orthotic devices require clinical documentation indicating that a non-custom made orthotic device is not clinically appropriate for the condition or diagnosis.

Please refer to certificate language for availability of benefits.

Billing/Coding/Physician Documentation Information

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. They are listed in the Category Search on the Medical Policy search page.

Applicable Codes: L0112-L4398.

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.

Policy Key Words

Key Words: Orthotic Device, Orthotics, Brace, Splint, Orthosis, Trusses, Braces, Corsets, Arch Supports, Elastic Stockings, Garter Belts, Foot Orthotics, Orthopedic Shoes, Thoracic-lumbo-sacral Orthosis, Pneumatic Inflation, Joint, Joints, Flexion, Extension, Dynasplints, JAS Splints, OTH8100

Medical Term Definitions

Splint

a rigid device of plastic, wood, or plaster that serves to immobilize an injury.

Truss

a bandage or apparatus used to support a body part (example: in cases of hernia to hold up the bulging organ or tissue and prevent further protrusion through the abnormal opening).

Scientific Background and Reference Sources

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

Policy: Orthotics

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

- 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 accomodate 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.
- 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.

Policy: Orthotics

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.

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.