

# Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies

**Policy Number:** BIP049.M  
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[Instructions for Use](#)

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Related Benefit Interpretation Policies
• <a href="#">Diabetic Management, Services and Supplies</a>
• <a href="#">Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid</a>
• <a href="#">Home Health Care</a>
• <a href="#">Shoes and Foot Orthotics</a>

## Federal/State Mandated Regulations

**Note:** The most current federal/state mandated regulations for each state can be found in the links below

### Texas

**TX Section 1371.001-1371.005 Coverage for Prosthetic and Orthotic Devices** (HB 806; Effective for policies issued or renewed on or after January 1, 2010.)

#### Section 1371.001: Definitions

In this chapter:

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1371.htm>

1. "Enrollee" means an individual entitled to coverage under a health benefit plan.
2. "Orthotic device" means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease.
3. "Prosthetic device" means an artificial device designed to replace, wholly or partly, an arm or leg.

#### Section 1371.003: Required Coverage for Prosthetic Devices, Orthotic Devices, and Related Services

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1371.htm>

1. A health benefit plan must provide coverage for prosthetic devices, orthotic devices, and professional services related to the fitting and use of those devices that equals the coverage provided under federal laws for health insurance for the aged and disabled under Sections 1832, 1833, and 1834, Social Security Act (42 U.S.C. Sections 1395k, 1395l, and 1395m), and 42 C.F.R. Sections 410.100, 414.202, 414.210, and 414.228, as applicable.
2. Covered benefits under this chapter are limited to the most appropriate model of prosthetic device or orthotic device that adequately meets the medical needs of the enrollee as determined by the enrollee's treating physician or podiatrist and prosthetist or orthotist, as applicable.
3. Subject to applicable copayments and deductibles, the repair and replacement of a prosthetic device or orthotic device is a covered benefit under this chapter unless the repair or replacement is necessitated by misuse or loss by the enrollee.
4. Coverage required under this section:
  - a. Must be provided in a manner determined to be appropriate in consultation with the treating physician or podiatrist and prosthetist or orthotist, as applicable, and the enrollee

- b. May be subject to annual deductibles, copayments, and coinsurance that are consistent with annual deductibles, copayments, and coinsurance required for other coverage under the health benefit plan; and
  - c. May not be subject to annual dollar limits.
5. Covered benefits under this chapter may be provided by a pharmacy that has employees who are qualified under the Medicare system and applicable Medicaid regulations to service and bill for orthotic services. This chapter does not preclude a pharmacy from being reimbursed by a health benefit plan for the provision of orthotic services.

### Section 1371.004: Preauthorization

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1371.htm>

A health benefit plan may require prior authorization for a prosthetic device or an orthotic device in the same manner that the health benefit plan requires prior authorization for any other covered benefit.

### Section 1371.005: Managed Care Plan

<https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1371.htm>

A health benefit plan provider may require that, if coverage is provided through a managed care plan, the benefits mandated under this chapter are covered benefits only if the prosthetic devices or orthotic devices are provided by a vendor or a provider, and related services are rendered by a provider, that contracts with or is designated by the health benefit plan provider. If the health benefit plan provider provides in-network and out-of-network services, the coverage for prosthetic devices or orthotic devices provided through out-of-network services must be comparable to that provided through in-network services.

## Washington

### **RCW 48.43.290**

<https://app.leg.wa.gov/RCW/default.aspx?cite=48.43.290>

- 3) The following definitions apply to this section unless the context clearly requires otherwise.
- a) "Durable medical equipment" means equipment, including repair and replacement parts for durable medical equipment that:
    - i. Can withstand repeated use;
    - ii. Is primarily and customarily used to serve a medical purpose;
    - iii. Generally is not useful to a person in the absence of illness or injury; and
    - iv. Is not worn in or on the body.
  - b) "Mobility enhancing equipment" means equipment, including repair and replacement parts for mobility enhancing equipment that:
    - i. Is primarily and customarily used to provide or increase the ability to move from one place to another and that is appropriate for use either in a home or a motor vehicle;
    - ii. Is not generally used by persons with normal mobility; and
    - iii. Does not include any motor vehicle or equipment on a motor vehicle normally provided by a motor vehicle manufacturer.

## Oregon

### **OAR Section 836-052-1000: Prosthetic and Orthotic Devices – Oregon Administrative Rules (public law)**

[https://oregon.public.law/rules/oar\\_836-052-1000](https://oregon.public.law/rules/oar_836-052-1000)

- (1) This rule is adopted under the authority of [ORS 731.244 \(Rules\)](#) for the purpose of clarifying position of the Department of Consumer and Business Services regarding the status and enforcement of ORS 743A.144.
- (2) Because the Oregon Legislative Assembly has not updated ORS 743A.144, the provisions of that statute are subject to the automatic repeal found in [ORS 743A.001 \(Automatic repeal of certain statutes on individual and group health insurance\)](#). Therefore, the department will not actively update the list of prosthetic and orthotic devices and supplies subject to the mandated provisions. However, many of these devices and supplies may be required under other state or federal law and the department will continue to review provisions in plans and policies for compliance with other applicable state and federal laws related to prosthetic or orthotic devices.

### **Section 410-122-0010**

[Division 122 - Durable Medical Equipment, Prosthetics Orthotics and Supplies \(Dmepos\) | State Regulations | US Law | LII / Legal Information Institute \(Cornell.Edu\)](#)

- (4) "Durable Medical Equipment" means equipment furnished by a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider or a home health agency that is primarily and customarily used to serve a medical purpose; generally is not useful to a client in the absence of a medical disability, illness, or injury; can withstand repeated use; can be reusable or removable; and is appropriate for use in any non-institutional setting in which normal life activities take place. Some examples include wheelchairs, crutches, and hospital beds. Durable medical equipment extends to supplies and accessories that are necessary for the effective use of covered durable medical equipment.

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

**Note:** Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine the coverage eligibility and any additional services that might be covered.

- Refer to the Benefit Interpretation Policy titled [DME, Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#) for the list of covered items and specific coverage criteria.
- Durable Medical Equipment (DME) items, Prosthetic Devices and corrective appliances/Orthotics (non-foot Orthotics):
  - DME items may be rented, purchased or repaired and must meet all of the following criteria:
    - The equipment meets the definition of DME.
    - The equipment is necessary and reasonable for the treatment of a member's illness or injury or to improve the functioning of his/her malformed body member
    - The equipment is used in the member's home ((For the purposes of rental and purchase of DME, the member's home may be his own dwelling, an apartment, a relative's home, a home for the aged, or some other type of institution, however it does not include acute care, rehabilitation or Skilled Nursing Facility.
  - Prosthetic Devices and corrective appliances/Orthotics (non-foot Orthotics) including custom made or custom fitted and must meet all of the following criteria:
    - The item meets the definition of Prosthetic.
    - The item is furnished on a physician's order.
    - The item is medically necessary as determined by the member's network medical group or UnitedHealthcare
    - **(Oregon Only)** Coverage is limited to Prosthetic and Orthotic Devices and supplies covered by Medicare when medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and not solely for the member's comfort or convenience.
  - Supplies for DME items or Prosthetic Devices (e.g., oxygen, batteries for an artificial larynx, stump sock or shrinker) only when they are necessary for the effective use of the item/device.
  - Repairs, replacement and adjustments of DME items, Prosthetic Devices and corrective appliances/Orthotics (non-foot Orthotics) for owned, purchased or rented equipment.

**Note:** Repairs, replacement and adjustments for rented items/devices are the contractual responsibility of the item/device provider.
  - **(Oregon Only)** Repairs, replacement and adjustments to Orthotic Devices/non foot Orthotics and Prosthetics are covered when determined medically necessary to restore or maintain the ability to complete activities and not solely for comfort or convenience. Repair or replacement must be authorized by the member's network medical group or UnitedHealthcare.
    - May require pre-certification to be covered.

**Note:** The market pre-certification process varies.
    - Repairs, including the replacement of essential accessories, such as hoses, tubes, mouth pieces, etc., for necessary DME are covered when necessary to make the item/device serviceable and the estimated repair expense does not exceed the cost of purchasing or renting another item/device.
      - Extensive adjustments is covered as repair when, based on the manufacturer's recommendations, the adjustments (e.g., breaking down sealed components, performing tests that require specialized testing equipment not available to the member) is to be performed by an authorized technician).

- Adjustment of Prosthetic Devices or corrective appliances/Orthotics (non-foot Orthotics), when required by wear or a change in the member's physical condition and ordered by a physician.
- Replacements are covered for damage beyond repair with normal wear and tear, when repair costs exceed new purchase price, or when there is a significant change in the member's physical condition.
- Medical supplies and materials needed to treat an illness or injury are covered when used or provided while the member is treated in the network/participating provider's office, during the course of an illness or injury, or stabilization of an injury or illness, under the direct supervision of the network/participating provider. Examples of items commonly provided in the network/participating provider's office to treat the member's illness or injury are gauzes, ointments, bandages, slings and casts.

Refer to the Benefit Interpretation Policy titled [Shoes and Foot Orthotics](#).

## Not Covered

- Refer to the Benefit Interpretation Policy titled [DME, Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#) for the list of non-covered items.
- Routine periodic adjustment (e.g., testing, cleaning, regulating and checking equipment) for which the owner is generally responsible.
- Replacement of items due to malicious damage, neglect or abuse.
- Replacement of lost or stolen DME.
- Bionic, myoelectric, microprocessor-controlled or computerized prosthetics unless member has the benefit.
- Medical supplies that are disposable or can be consumed other than defined above or are part of the home health benefit. (Refer to the Benefit Interpretation Policy titled [Home Health Care](#))
- Non medically Necessary optional attachments and modifications to Durable Medical Equipment for the comfort or convenience of the member, accessories for portability or travel, a second piece of equipment with or without additional accessories that is for the same or similar medical purpose as existing equipment, and home and/or car modification to fit the member's physical condition.
- A second piece of DME equipment with or without additional accessories that is for the same or similar medical purpose as existing DME equipment. When more than one piece of DME can meet the member's functional needs, benefits are available only for the item that meets the minimum specifications for the member's needs. For example, both a wheelchair and a walker (and/or cane, crutches, etc.) are used to facilitate mobility. As such, they serve the "same or similar medical purpose(s)". We may cover one or the other but not more than one. This limitation is intended to exclude coverage for deluxe or additional components of a DME item which are not necessary to meet the member's minimal specifications to treat an injury or sickness.
- Communication Devices: Computers, personal digital assistants and any speech-generating devices (except artificial larynxes)

## Definitions

**Orthotics:** Devices that are designed to support a weakened body part. These appliances are manufactured or custom-fitted to an individual member. **(This definition does not include foot orthotics or specialized footwear which may be covered for members with diabetic foot disease.)**

**Durable Medical Equipment (DME):** Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

**Orthotic Devices (Oregon Only):** Also known as corrective appliances, are devices designed to support a weakened body part. This definition does not include specialized footwear which is only covered for members with diabetic foot disease, or members who have a shoe attached to a brace.

**Prosthetic Devices:** Articles or equipment, other than dental, that replace all or part of an internal body organ (including contiguous tissue) or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. In this policy the test of permanence is met if the medical record, including the judgment of the attending physician, indicates that the member's condition is of long and indefinite duration.

## References

Medicare Coverage Summary: Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid. Accessed April 29, 2024.

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
07/01/2024	All States	<p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Added <i>References</i> section</li> <li>• Archived previous policy version BIP049.L</li> </ul>
	Oklahoma, Texas, and Washington	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Revised coverage criteria for rented, purchased, or repaired durable medical equipment (DME); replaced criterion requiring:               <ul style="list-style-type: none"> <li>○ “The equipment is <i>designed to help in</i> the treatment of an injury or illness of the member” with “the equipment is <i>necessary and reasonable for</i> the treatment of a member’s illness or injury <i>or to improve the functioning of his/her malformed body member</i>”</li> <li>○ “The equipment is <i>mainly for</i> use in the member’s home <i>or another location used as the member’s home; home is wherever the member makes his or her home</i> but does not include acute care, rehabilitation, or skilled nursing facilities” with “the equipment is used in the member’s home; for the purposes of rental and purchase of DME, the member’s home may be his own dwelling, an apartment, a relative’s home, a home for the aged, or some other type of institution, however it does not include acute care, rehabilitation, or skilled nursing facilities”</li> </ul> </li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>• Updated definition of:               <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (DME)</li> <li>○ Orthotics</li> <li>○ Prosthetic Devices</li> </ul> </li> </ul>
	Oregon	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Revised coverage criteria for rented, purchased, or repaired durable medical equipment (DME); replaced criterion requiring:               <ul style="list-style-type: none"> <li>○ “The equipment is <i>designed to help in</i> the treatment of an injury or illness of the member” with “the equipment is <i>necessary and reasonable for</i> the treatment of a member’s illness or injury <i>or to improve the functioning of his/her malformed body member</i>”</li> <li>○ “The equipment is <i>mainly for</i> use in the member’s home <i>or another location used as the member’s home; home is wherever the member makes his or her home</i> but does not include acute care, rehabilitation, or skilled nursing facilities” with “the equipment is used in the member’s home; for the purposes of rental and purchase of DME, the member’s home may be his own dwelling, an apartment, a relative’s home, a home for the aged, or some other type of institution, however it does not include acute care, rehabilitation, or skilled nursing facilities”</li> </ul> </li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>• Updated definition of:               <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (DME)</li> <li>○ Orthotics</li> <li>○ Orthotic Devices</li> <li>○ Prosthetic Devices</li> </ul> </li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.