Orthotics and Prosthetics Payment Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to orthotic and prosthetic providers who provide orthotics and prosthetics to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary orthotic and prosthetic services and supplies up to the benefit maximum[1], in accordance with the member's benefits and CMS guidelines, as applicable.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Coverage for orthotic and prosthetic services applies to a member's durable medical equipment (DME) benefit.

Referral/Prior Authorization/Notification Requirements

Certain orthotic and prosthetic items require prior authorization. The provider is responsible for obtaining the practitioner's order/ prescription for any requested item(s). As a condition of payment, it is the responsibility of the **rendering** provider to obtain prior authorization or notification, as applicable. If notification is not obtained or approved, the claim will be denied. For more information, refer to the Referral, Prior Authorization and Notification Policy.

Refer to the Prior Authorization and Inpatient Notification List for CarePartners of Connecticut to identify specific items, services, and supplies that have prior authorization and/or notification requirements.

Providers should fax all requests for coverage of orthotics and prosthetics to the Precertification Operations Department at 857-304-6463.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

- Submit multiple same-day services on one line; the number of services/units should reflect all services rendered.
- Append modifier SQ to indicate item ordered by a home health provider
- When billing for bilateral orthotics and prosthetics, providers must use left (LT) and/or right (RT) modifiers. CarePartners of Connecticut does not compensate for HCPCS "pair codes" if billed with modifier(s) RT or LT.

Modifiers

CarePartners of Connecticut requires all industry standard modifiers on orthotic and prosthetic claims. Claims submitted without complete and appropriate modifiers will be denied. Refer to the DME Medicare Administrative Contractor (MAC) for a list of modifiers appropriate for orthotic and prosthetic claims.

[1] Authorized medical supplies, respiratory equipment/supplies (excluding PAP therapy, nebulizers and related supplies), insulin pumps and related diabetic supplies are not applied to the benefit maximum.

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

Note: Orthotic and prosthetic rental costs are reimbursed only up to the purchase cost.

CarePartners of Connecticut does not routinely compensate for the following:

Breast Prostheses and Mastectomy Bras

L8030 if billed more than one unit per side in a two-year period.

Knee Orthoses

- Additions as not medically necessary when billed without a paid prefabricated or custom fabricated base orthosis
- More than one knee orthosis per anatomical site for the same date of service

Lower Limb Prostheses

- A4310-A4328, A4332-A4360, or A5102-A5114 if billed without modifier(s) KX, GA or GZ
- A7025, A7026, or E0483 when billed without modifier(s) KX, GA or GZ
- Additions to the preparatory prosthesis
- E0731 (Form-fitting conductive garment for delivery of transcutaneous electrical nerve stimulation [TENS]) if billed without modifier(s) KX, GA or GZ
- E0784 or J1817 when billed without modifier(s) KX, GA or GZ
- L5647 or L5652 when billed with L5671
- L5940-L5960 when billed without a qualifying endoskeletal system or socket HCPCS code
- Replacement sockets when billed with a lower limb prosthesis or preparatory lower limb prosthesis
- Sockets, ultra-light material, outer covering system and flex foot system when billed with a preparatory prosthesis
- Test socket with an immediate prosthesis
- Wearable defibrillators or nonwearable automatic defibrillators when billed without modifier(s) KX, GA or GZ
- L7520 when billed within 3 months of lower limb prostheses, preparatory lower limb, upper limb prostheses or preparatory upper limb prostheses
- Replacement sockets if billed with a lower limb prosthesis or preparatory lower limb prosthesis
- Sockets, ultra-light material, outer covering system and flex foot system if billed with a preparatory prosthesis

Modifiers for DME

Orthotics and prosthetics billed without required modifiers.

Orthotic and Prosthetic Items

Orthotic or prosthetic procedure or item when billed if the same procedure has been paid within the previous five years by any provider.

Place of Service Restrictions

DME items when billed by a Medicare Administrative Contractor (MAC) provider and the place of service is not 01 (Pharmacy), 04 (Homeless Shelter), 09 (Prison), 12 (Home), 13 (Assisted Living Facility), 14 (Group Home), 33 (Custodial Care Facility), 54 (Intermediate Care Facility/Mentally Retarded), 55 (Residential Substance Abuse Treatment Facility), 56 (Psychiatric Residential Treatment Center), 65 (End Stage Renal Disease [ESRD] Treatment Facility [POS valid for Parenteral Nutritional Therapy]).

Prosthetic Repair and Replacement

L7520 when billed within 3 months of lower limb prostheses or preparatory lower limb, upper limb prostheses, or preparatory upper limb prostheses.

Services Following a Medical Event

CarePartners of Connecticut will not routinely compensate for certain lower limb services when performed on the same side as a lower extremity amputation by any provider.

Additional Resources

- Durable Medical Equipment and Medical Supplies Payment Policy
- Home Health Care Services Payment Policy

- Unlisted and Not Otherwise Classified (NOC) Codes Payment Policy

Document History

- November 2024: Annual policy review; administrative edits
- November 2023: Annual policy review; administrative updates
- May 2021: Added claim edit for services following a medical event, effective for dates of service on or after July 1, 2021
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021; policy reviewed by committee; clarified existing claim edits and prior authorization content
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's audit policies, refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.