

		Reimbursement Policy	
Subject: Prosthetic and Orthotic Devices			
Effective Date: 10/01/17	Committee Approval Obtained: 04/20/18	Section: Prosthetics and Orthotics	
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.amerigroup.com/TX.*****</p>			
<p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>			
Policy	<p>Amerigroup STAR+PLUS MMP 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.</p>		

	<p>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.</p> <p>Reimbursement is allowed for repair of prosthetic and orthotic devices:</p> <ul style="list-style-type: none"> • 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. <p>Reimbursement is allowed for replacement of prosthetic and orthotic devices due to:</p> <ul style="list-style-type: none"> • 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. <p>Nonreimbursable</p> <p>Amerigroup STAR+PLUS MMP does not allow reimbursement for prosthetics and orthotics under the following conditions:</p> <ul style="list-style-type: none"> • 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 devices <p>Dental prosthetics are considered for reimbursement through delegated agreements between Amerigroup STAR+PLUS MMP and contracted dental vendors.</p> <p>In instances of theft, a police report is required for consideration of replacements.</p>
History	<ul style="list-style-type: none"> • Biennial review approved 04/20/18 • Initial review approved 04/03/17 and effective 10/01/17

References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • Texas Health and Human Services Commission (HHSC) • Amerigroup STAR+PLUS MMP contract with HHSC
Definitions	<ul style="list-style-type: none"> • Prosthetic Device: an artificial structural and functional replacement of: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ For support or immobilization of a body part ○ To correct or prevent deformity ○ To assist or restore function • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Reimbursement of Items under Warranty
Related Materials	<ul style="list-style-type: none"> • None