



ORTHOTICS
DME103.001

COVERAGE:

Orthotic devices MAY BE ELIGIBLE FOR COVERAGE when prescribed by a qualified provider to be used for therapeutic support, protection, restoration, or function of an impaired body part.

Orthotic devices include:

- braces for leg, arm, neck, back, and shoulder
- corsets for back or for use after special surgical procedures
- splints for extremities
- trusses; (including Sykes hernia control device)
- foot orthotics (transferrable shoe inserts)

REMINDER NOTE: ONLY COVERED IF CONTRACT ALLOWS.

EXCEPTION: Always covered for diabetics per state mandate.

- orthopedic shoes that are eligible only when either one or both shoes are an integral part of a leg brace.

EXCEPTION: Texas law requires that podiatric appliances be covered including up to two pairs of therapeutic footwear per year for the prevention of complications associated with diabetes.

- oral orthotics

Stock orthotics (not customized) ARE NOT ELIGIBLE FOR BENEFITS. Stock orthotics include:

- arch supports and other foot support devices;
- elastic stockings;
- garter belts; and
- orthopedic shoes (except when either one or both shoes are an integral part of a leg brace).

DESCRIPTION:

An Orthotic (orthosis) is a rigid or semi-rigid device used to support, restore, or protect body function. Orthotics may also redirect or restrict motion of an impaired body part.

RATIONALE:

None

PRICING:

All medically necessary supplies, adjustment, repair, or replacement of covered orthotic devices are eligible for coverage. Replacement is provided usually after the device's normal life span (wear and tear), malfunction of the device, and/or for growth adjustments.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member's contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general policies and procedures.

*Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company**
Southwest Texas HMO, Inc. d/b/a HMO Blue⁰ Texas*

** Independent Licensees of the Blue Cross and Blue Shield Association*

Posted Jan. 7, 2003