

Clinical Policy: Durable Medical Equipment and Orthotics and Prosthetics Guidelines

Reference Number: MC.CP.MP.107

Date of Last Revision: 08/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Durable medical equipment (DME) is defined as equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is appropriate for use in the home, and is generally not useful to a person in the absence of an illness or injury.¹ Orthotic devices are rigid and semi-rigid devices used for the purpose of supporting a weak or deformed body part or restricting or eliminating motion in a disease or injured body part.² Prosthetic devices are custom-made artificial limbs or other assistive devices that replace a body part or function as a result of traumatic injuries, vascular disease, diabetes, cancer or congenital disorders.

This policy establishes the medical necessity requirements for durable medical equipment, orthotics, and prosthetics. This policy is intended to supplement the criteria in Center for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD): Durable medical equipment (DME) reference list (280.1), NCD: Pneumatic compression devices (280.6), the Medicare Benefit Policy Manual, and the Medicare Claims Processing Manual.^{1,2,3,4,6} Supplementing the criteria offered by CMS and Medicare benefit policy and claims processing manuals with the coverage criteria in this policy helps enable consistent determination of medical necessity with the general and applicable equipment-specific criteria for DME, orthotics, and prosthetics.

The policy criteria are sourced from the Medicare benefit policy manual, chapter 15 – covered medical and other health services; the Medicare claims processing manual, chapter 20 – durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS); and scientific studies and systematic reviews. The criteria below aim to guide utilization of DME that can be used safely and effectively by the member/enrollee, reducing the risk of injury and increasing the likelihood of benefit from the intended use of the equipment. Additionally, the references utilized help to ensure members/enrollees receive the appropriate treatment for their specific clinical situation, taking into account the severity of their condition, need for the equipment, and the expected therapeutic outcomes.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that durable medical equipment, orthotics, and prosthetics are **medically necessary** when the general and applicable equipment-specific criteria in A and B are met:
 - A. **General criteria:** All of the following:
 1. Equipment is necessary and reasonable for the treatment of an illness or injury or to improve the functioning of a physical deficit;*
 2. Both of the following have been provided to the member/enrollee and/or caregiver, as applicable:
 - a. Education regarding use of the device, with demonstrated understanding;

A trial of the requested device, with demonstrated ability to use it safely and effectively.

***Note:**^{3,4}

- Equipment is necessary when it can be expected to make a meaningful contribution to the treatment of the member/enrollees illness or injury or to the improvement of his or her malformed body member.
- Although an item of DME may serve a useful medical purpose, additional considerations should be made to whether the item is reasonable, such as, whether the expense of the item is disproportionate to the therapeutic benefits, whether it is substantially more costly than a medically appropriate and realistically feasible alternative plan of care, and/or whether the item will serve essentially the same purpose as equipment already available.
- Additional "deluxe" features or items that are rented or purchased for aesthetic reasons or added convenience, do not meet the reasonableness test.
- If a medically necessary, lesser cost item exists and will suit the member/enrollee's medical needs, a higher cost item will be denied.

B. EQUIPMENT-SPECIFIC CRITERIA

COMPRESSION THERAPY EQUIPMENT.....2

PROSTHETICS AND ORTHOTICS EQUIPMENT.....2

WHEELCHAIRS.....3

COMPRESSION THERAPY EQUIPMENT	CRITERIA	HCPCS
Non-pneumatic compression devices ⁶⁻⁹	Not medically necessary, as there is insufficient clinical evidence to support the safety and effectiveness of non-pneumatic compression devices over the use of standard pneumatic compression devices.	E0678 E0679 E0680 E0681

PROSTHETICS AND ORTHOTICS EQUIPMENT	CRITERIA	HCPCS
Spinal Orthotics	Requests for spinal orthotics require mandatory secondary review by a medical director and/or therapy advisor.	L0700, L0710, L0720, L0999, L1000, L1001, L1005, L1006
Hip orthotics ¹⁰	Medically necessary when ordered by an orthopedic surgeon for the treatment of, or postoperatively for any of the following: A. Total hip arthroplasty; B. Hip labral tear. Requests for hip orthotics for hip osteoarthritis in patients who are not surgical candidates will be	L1640 L1680 L1685 L1686 L1690

CLINICAL POLICY
DME and O&P Criteria

PROSTHETICS AND ORTHOTICS EQUIPMENT	CRITERIA	HCPCS
	reviewed on a case-by-case basis by a medical director and/or therapy advisor.	
Prosthetics and additions: Upper Extremity and Myoelectric	Requests for upper extremity and myoelectric prosthetics require mandatory secondary review by a medical director and/or therapy advisor.	L6000, L6010, L6020, L6026, L6028, L6029, L6031, L6032, L6033, L6037, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6623, L6624, L6625, L6628, L6638, L6646, L6647, L6648, L6689, L6690, L6692, L6693, L6700, L6704, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6930, L6940, L6950, L6960, L6965, L6970, L6975, L7040, L7170, L7185, L7186, L7405, L7406, L7499
Myoelectric Rehabilitation Systems ¹⁴⁻¹⁷	Not medically necessary, as there is insufficient evidence in published peer-reviewed literature to support the effectiveness of these devices.	E0738 E0739

WHEELCHAIRS	CRITERIA	HCPCS
Robotic Arm, Wheelchair-mounted (JACO) ^{18,19}	Not medically necessary, as there is insufficient clinical evidence to support safety and improved health outcomes of the JACO Assistive Robotic Arm (Kinova, Inc.) over other technologies.	E1399

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-

date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Background

DME items have the following characteristics:

- Can withstand repeated use with an expected life of at least three years;
- The equipment meets the definition of DME;
- The equipment is primarily and customarily used to serve a medical purpose;
- The equipment is manufactured primarily for use in the home environment, but is not limited to use in the home.

Member/Enrollee's Home

For purposes of rental and purchase of DME, a member/enrollee's home may be their own dwelling, an apartment, a relative's home, a home for the aged or some other type of institution. However, an institution may not be considered a member/enrollee's home if the following are met:

- Meets at least the basic requirement in the definition of a hospital, i.e., it is primarily engaged in providing by or under the supervision of physicians, inpatient, diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, and sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons; or
- Meets at least the basic requirement in the definition of a skilled nursing facility, i.e., it is primarily engaged in providing to inpatients skilled nursing care and related services for members/enrollees who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

Members/enrollees who have been permanently admitted to an inpatient skilled nursing facility or inpatient hospice and who have changed their home address to that of the SNF or hospice will have the SNF or hospice defined as their home.

Products

Products is defined as a listing of the most common items, or group of items, that are or may be perceived as home medical equipment. This listing, while reasonably complete, is not intended to quantify the entire spectrum of products that may be considered DME either now or in the future.

Durability

An item is considered durable if it can withstand repeated use, i.e., the type of item that could normally be rented. Medical supplies of an expendable nature, such as incontinence pads, lamb's wool pads, catheters, ace bandages, elastic stockings, surgical facemasks, sheets and bags are not considered "durable" within the meaning of the definition. There are other items that although durable in nature, may fall into other coverage categories such as supplies and orthotics and prosthetics. Orthotics and Prosthetics items include, but are not limited to, braces, artificial limbs and eyes.

Medical Equipment

Medical equipment is defined as equipment primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. In most instances, no

documentation will be needed to support whether a specific item of equipment is medical in nature. However, some cases will require documentation to determine whether the item constitutes medical equipment. This documentation would include the advice of local medical organizations and facilities and specialists in the field of physical medicine and rehabilitation. If the equipment is new on the market, it may be necessary, prior to seeking professional advice, to obtain information from the supplier or manufacturer explaining the design, purpose, effectiveness and method of using the equipment in the home as well as the results of any tests or clinical studies that have been conducted.

Personal computers or mobile technology such as iPads, smart phones, iPods, personal digital assistants, etc., may be considered as medical equipment when used for the purpose of speech generating equipment when other non-medical functions are limited or disabled and that device is used as the primary source of communication for those qualifying for a speech generating device.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy created.	08/25	08/25
Policy description updated to note that the applicable NCDs, the Medicare Benefit Policy Manual, and the Medicare Claims Processing Manual do not provide sufficient coverage criteria to consistently determine medical necessity and noted why the applicable criteria offered by CMS and Medicare benefit policy and claims processing manuals were supplemented with this policy.	02/26	
Annual review. Removed section titled Breast Prosthetics along with applicable HCPCS codes L8030, L8035. Background updated with no impact on criteria. Reviewed by internal and external specialist.	08/26	08/26

References

1. National coverage determination: Durable medical equipment (DME) reference list (280.1). Centers for Medicare and Medicaid Services website. <https://www.cms.gov/medicare-coverage-database/search.aspx>. Published May 16, 2023. Accessed July 1, 2026.
2. Local coverage article. Knee orthoses – policy article (A52465). Centers for Medicare & Medicaid Services website. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2015 (revised January 1, 2026). Accessed July 1, 2026.
3. Medicare Benefit Policy Manual. Chapter 15 – Covered Medical and Other Health Services. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>. Published April 11, 2025. Accessed July 1, 2026.
4. Medicare Claims Processing Manual. Chapter 20 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Centers for Medicare & Medicaid Services website. [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c20.pdf#:~:text=\)%20Usually%20this%20is%20the%20least%20costly,a%20more%20expensive%20item%20may%20be%20medically](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c20.pdf#:~:text=)%20Usually%20this%20is%20the%20least%20costly,a%20more%20expensive%20item%20may%20be%20medically). Published March 28, 2024. Accessed July 1, 2026.

5. DMEPOS quality standards. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html>. Published December 2022. Accessed July 1, 2026.
6. National coverage determination. Pneumatic compression devices (280.6). Centers for Medicare & Medicaid Services website. <http://www.cms.hhs.gov/mcd/search.asp>. Published January 14, 2002. Accessed July 1, 2026.
7. Rockson SG, Karaca-Mandic P, Skoracki R, et al. Clinical Evaluation of a Novel Wearable Compression Technology in the Treatment of Lymphedema, an Open-Label Controlled Study. *Lymphat Res Biol*. 2022;20(2):125-132. doi:10.1089/lrb.2020.0126
8. Rockson SG, Whitworth PW, Cooper A, et al. Safety and effectiveness of a novel nonpneumatic active compression device for treating breast cancer-related lymphedema: A multicenter randomized, crossover trial (NILE). *J Vasc Surg Venous Lymphat Disord*. 2022;10(6):1359-1366.e1. doi:10.1016/j.jvsv.2022.06.016
9. Rockson SG, Karaca-Mandic P, Nguyen M, et al. Author Correction: A non-randomized, open-label study of the safety and effectiveness of a novel non-pneumatic compression device (NPCD) for lower limb lymphedema. *Sci Rep*. 2023;13(1):911. Published 2023 Jan 17. doi:10.1038/s41598-023-28027-y
10. Kemker BP 3rd, Kankaria R, Patel N, Golladay G. Hip and Knee Bracing: Categorization, Treatment Algorithm, and Systematic Review. *J Am Acad Orthop Surg Glob Res Rev*. 2021;5(6):e20.00181-12. Published 2021 Jun 7. doi:10.5435/JAAOSGlobal-D-20-00181
11. Women's Health and Cancer Rights Act (WHCRA). Centers for Medicare & Medicaid Services website. [Women's Health and Cancer Rights Act \(WHCRA\) | CMS](#). Published September 10, 2024. Accessed July 1, 2026.
12. The World Professional Association for Transgender Health, Inc. (WPATH). Position statement on medical necessity of treatment, sex reassignment, and insurance coverage in the U.S.A. <https://wpath.org/wp-content/uploads/2024/11/Transgender-Medical-Benefits.pdf>. Published December 21, 2016. Accessed July 1, 2026.
13. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1):S1 to S259. Published 2022 Sep 6. doi:10.1080/26895269.2022.2100644
14. Bundy DT, Souders L, Baranyai K, et al. Contralesional Brain-Computer Interface Control of a Powered Exoskeleton for Motor Recovery in Chronic Stroke Survivors. *Stroke*. 2017;48(7):1908-1915. doi:10.1161/STROKEAHA.116.016304
15. Rustamov N, Humphries J, Carter A, Leuthardt EC. Theta-gamma coupling as a cortical biomarker of brain-computer interface-mediated motor recovery in chronic stroke. *Brain Commun*. 2022;4(3):fcac136. Published 2022 May 25. doi:10.1093/braincomms/fcac136
16. Rustamov N, Souders L, Sheehan L, Carter A, Leuthardt EC. IpsiHand Brain-Computer Interface Therapy Induces Broad Upper Extremity Motor Recovery in Chronic Stroke. Preprint. *medRxiv*. 2023;2023.08.26.23294320. Published 2023 Aug 28. doi:10.1101/2023.08.26.23294320
17. Wolf SL, Sahu K, Bay RC, et al. The HAAPI (Home Arm Assistance Progression Initiative) Trial: A Novel Robotics Delivery Approach in Stroke Rehabilitation. *Neurorehabil Neural Repair*. 2015;29(10):958-968. doi:10.1177/1545968315575612

18. Beaudoin M, Lettre J, Routhier F, Archambault PS, Lemay M, G  linas I. Long-term use of the JACO robotic arm: a case series. *Disabil Rehabil Assist Technol*. 2019;14(3):267 to 275. doi:10.1080/17483107.2018.1428692
19. Campeau-Lecours A, Maheu V, Lepage S, et al. JACO assistive robotic device: Empowering people with disabilities through innovative algorithms. RESNA/NCART. 2016. Arlington, VA: RESNA; 2016.
https://www.resna.org/sites/default/files/conference/2016/other/campeau_lecours.html. Accessed July 1, 2026.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

CLINICAL POLICY

DME and O&P Criteria

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2025 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.