

310-JJ ORTHOTIC AND PROSTHETIC DEVICES

EFFECTIVE DATES: 10/01/17, 10/01/18, 04/01/21, 10/01/25

APPROVAL DATES: 07/11/18, 02/11/21, 09/26/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD); Fee-For-Services (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). The purpose of this Policy is to outline coverage responsibilities for medically necessary orthotic and prosthetic devices.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

For purposes of this Policy, the following terms are defined as:

COCHLEAR IMPLANTS	Electronic hearing device implanted under the skin designed to help individuals with severe to profound nerve deafness by electrically stimulating the auditory nerve inside the ear.
ORTHOTIC	Devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, or prevent or correct physical deformity or malfunction, (42 CFR 440.120, A.A.C. R9-22-212).

III. POLICY

A. COVERAGE GUIDELINES

1. AHCCCS covers medically necessary orthotic and prosthetic devices, when:
 - a. Prescribed by a Primary Care Provider (PCP), attending physician, or practitioner, or
 - b. Prescribed by a specialist upon referral from the PCP, attending physician, or practitioner, and
 - c. Authorized as required by AHCCCS, the Contractor, or the Contractor's designee.
2. Orthotic devices are covered for the member when medically necessary as specified below:
 - a. Orthotics are covered for AHCCCS members under the age of 21 as specified in AMPM Policy 430, and
 - b. Orthotics are covered for AHCCCS members 21 years of age and older if all of the following apply:
 - i. The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare Guidelines,
 - ii. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition, and
 - iii. The orthotic is ordered by a Physician or PCP.

3. Prosthetics are covered when medically necessary within certain limitations as described below:
 - a. Prosthetics are covered for AHCCCS members under the age of 21 as specified in AMPM Policy 430, and
 - b. Prosthetics are covered for AHCCCS members age 21 and older when medically necessary for rehabilitation, except as specified in Exclusions.

B. COVERAGE DETERMINATIONS

1. The following shall be used in determining coverage of orthotic and prosthetic devices:
 - a. Services shall be determined to be medically necessary, cost effective, and Federally and State reimbursable, and
 - b. Services shall be authorized and maintained to maximize the member's independence and functional level in the most appropriate setting.
2. The Contractor shall make timely determinations of coverage. The Contractor shall not refuse to render a timely determination based on the member's Medicare/Medicaid dual eligibility status or the providers' contract status with the Contractor.
3. Non-Covered prosthetic and orthotic devices are not included when determining whether an inpatient stay qualifies as an outlier. If an inpatient stay does qualify as an outlier without considering charges for non-covered devices, the charges for those devices are not included in the outlier payment calculations.
4. For coverage requirements regarding medical equipment, appliances and supplies under the home health services benefit, as specified in AMPM Policy 310-P.

C. MAINTENANCE AND REPAIR

The Maintenance and repair of component parts is covered for Orthotic and Prosthetic devices. Reasonable repairs or adjustments of purchased Orthotics and Prosthetics are covered for all members to make the device serviceable and/or when the repair cost is less than purchasing another unit. Components will be replaced when documentation is provided at the time authorization is sought to establish that the component is not operating effectively.

D. LIMITATIONS

1. The following applies for members 21 years of age and older regarding coverage for lower limb Prosthetics:
 - a. Factors for coverage of a lower limb Prosthetic include but are not limited to:
 - i. Consideration of the member's:
 - 1) Past medical history (including prior Prosthetic use, if applicable),
 - 2) Current condition (including status of the residual limb and the nature of other medical problems), and
 - 3) Degree of motivation to ambulate with a Prosthetic.

- ii. Assessment of the member's functional level as described below (note that within the functional classification hierarchy, bilateral amputees often cannot be strictly bound by functional level classifications):
 - 1) Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis. Does not enhance their quality of life or mobility.
 - 2) Level 1: Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
 - 3) Level 2: Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.
 - 4) Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
 - 5) Level 4: Has the ability or potential for Prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the Prosthetic demands of the child, active adult, or athlete.
- b. Limitations (Lower Limb Prosthesis):
 - i. Lower limb prosthesis is not considered medically necessary for members with a functional level of zero,
 - ii. If more than one Prosthetic device can meet the member's functional needs, the Prosthetic device that is most cost effective and meets the minimum specifications for the member's needs will be covered, and
 - iii. The microprocessor controlled lower limb or microprocessor-controlled joints for lower limbs are not covered for members 21 years of age and older.

F. EXCLUSIONS

The following services are not covered for individuals 21 years of age or older:

1. Hearing aids.
2. Prescriptive lenses except in situations when they are the sole visual prosthetic device used by the member after a cataract extraction.
3. Bone Anchor Hearing Aid (BAHA) (as of 10/1/2010 as specified in ARS 36-2907).
4. Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs.
5. Penile implants or vacuum devices.

G. COCHLEAR IMPLANTS

AHCCCS covers cochlear implants when medically necessary for members 21 years of age and older at an AHCCCS registered implantation center as specified in ARS 36-2907. Refer to AMPM Policy 430 for information regarding coverage of cochlear implants for members under age 21. Refer to AMPM Policy 820 for complete information regarding covered cochlear implant services for FFS members.

1. Cochlear implantation provides an awareness and identification of sounds and facilitates communication for individuals who have moderate to severe sensorineural hearing loss (nerve deafness). Deafness may be prelingual/perilingual or post-lingual. The candidates for cochlear implants shall meet criteria for medical necessity, including but not limited to, the following indications:
 - a. A diagnosis of either unilateral or bilateral severe to profound sensorineural deafness (using age appropriate standard testing), with little or no benefit from a hearing (or vibrotactile) aid, as established by audiologic and medical evaluation, as established by audiologic and medical evaluation, with little or no benefit from a hearing (or vibrotactile) aid, as established by audiologic and medical evaluation, as established by audiologic and medical evaluation,
 - b. Presence of an accessible cochlear lumen structurally suited to implantation, with no lesions in the auditory nerve and acoustic areas of the central nervous system, as demonstrated by CT scan, MRI, or other appropriate radiologic evaluation as clinically indicated,
 - c. No known contraindications to surgery,
 - d. Demonstrated age-appropriate cognitive ability to use auditory clues, and
 - e. The device shall be used in accordance with the Food and Drug Administration (FDA) approved labeling.
2. Coverage of cochlear implantation includes the following treatment and service components:
 - a. Complete auditory testing and evaluation by an otolaryngologist, speech-language pathologist, or audiologist,
 - b. Pre-surgery inpatient/outpatient evaluation by a board-certified otolaryngologist,
 - c. Diagnostic procedures and studies, including CT scan or other appropriate radiologic evaluation, for determining candidacy suitability,
 - d. Prosthetic devices for implantation shall be non-experimental/non-investigational and be Food and Drug Administration approved and used according to labeling instructions),
 - e. Surgical implantation and related services,
 - f. Post-surgical rehabilitation, education, counseling, training and sound processor programming and evaluation,
 - g. The Equipment maintenance, repair, and replacement of the internal/external components or both if not operating effectively. Examples include but are not limited to: the device is no longer functional, or the used component compromises the member's safety. Documentation which establishes the need to replace components not operating effectively shall be provided at the time prior authorization is sought, and
 - h. Cochlear implantation requires PA from the Contractor Medical Director, or from the AHCCCS Medical Director or designee for FFS members.

3. Exclusions
 - a. Non-FDA approved devices,
 - b. Upgrades of an existing, functional external system to achieve aesthetic improvement, or
 - c. Upgrades for the sole purpose of upgrading to an advanced technology or next-generation device that are not medically necessary.