

# Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies

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[Instructions for Use](#)

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Related Policies
None

## Coverage Guidelines

Durable medical equipment (DME), prosthetic, corrective appliance/orthotic and medical supplies are covered when Medicare coverage criteria are met.

Note: During the COVID-19 Public Health Emergency, Medicare updated some coverage guidelines for certain durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). For a comprehensive list of coronavirus waivers and flexibilities, refer to the <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. (Accessed June 3, 2021)

### DME Rental or Purchase

DME may be rented or purchased and must meet all of the following criteria:

- The equipment meets the definition of DME (refer to the [Definitions](#) section)
- The equipment is necessary and reasonable for the treatment of the member’s illness or injury or to improve the functioning of his/her malformed body member.
- The equipment is used in the member’s home (refer to the [Definitions](#) section)

Notes:

- Refer to the [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#) for the list of items and specific coverage information.
- DME Face to Face Requirement: Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME. For DME Face to Face Requirement information, refer to the [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#). This does not apply to Power Mobility Devices (PMDs) as these items are covered under a separate requirement. Refer to the Coverage Summary titled [Mobility Assistive Equipment \(MAE\)](#).
- Capped-rental DME: For payment rules for capped-rental DME, refer to the [42 CFR Title 42, Chapter IV, §414.229 Other durable medical equipment - capped rental](#). (Accessed June 3, 2021)

Also refer to the [Medicare Benefit Policy Manual, Chapter 15, §110 – Durable Medical Equipment – General](#). (Accessed June 3, 2021)

## Prosthetic and Corrective Appliances/Orthotics

Prosthetic devices and corrective appliances/orthotics must meet all of the following criteria:

- The item meets the definition of prosthetic or corrective appliances/orthotics (refer to the [Definitions](#)).
- The item is furnished on a physician's order.

Refer to the [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#) for the list of items and specific coverage information.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices](#). (Accessed June 3, 2021)

## Supplies for DME Items, Prosthetic Devices and Corrective Appliances

Supplies for DME items, prosthetic devices and corrective appliances (e.g., oxygen, batteries for an artificial larynx) are covered only when they are necessary for the effective use of the item/device. For specific coverage guideline; refer to the [Medicare Benefit Policy Manual, Chapter 15, §110.3 – Coverage of Supplies and Accessories](#). (Accessed June 3, 2021)

## Repairs, Maintenance and Replacement

### *Durable Medical Equipment*

Repairs, maintenance, and replacement of medically required DME are covered when criteria are met. For coverage guideline, refer to the [Medicare Benefit Policy Manual, Chapter 15, §110.2 – Repairs, Replacement and Maintenance and Delivery](#). (Accessed June 3, 2021)

### *Prosthetic Devices*

Payment may be made for the replacement of a prosthetic device that is an artificial limb, or replacement part of a device if the ordering physician determines that the replacement device or part is necessary because of any of the following:

- A change in the physiological condition of the patient;
- An irreparable change in the condition of the device, or in a part of the device; or
- The condition of the device, or the part of the device, requires repairs and the cost of such repairs would be more than 60 percent of the cost of a replacement device, or, as the case may be, of the part being replaced.

This provision is effective for items replaced on or after April 1, 2001. It supersedes any rule that that provided a 5-year or other replacement rule with regard to prosthetic devices.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices](#). (Accessed June 3, 2021)

### *Corrective Appliances*

Adjustment of corrective appliances are covered when required by wear or a change in the patient's condition and ordered by a physician.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes](#). (Accessed June 3, 2021)

## Medical Supplies

- Medical supplies are covered only when they are incident to a physician's professional services or authorized home health services and are furnished as an integral, although incidental, part of those services in the course of diagnosis or treatment of an injury or illness. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident to Physician's Professional Services](#). (Accessed June 3, 2021)
- Medical supplies are expendable items required for care related to a medical illness or dysfunction. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment](#). (Accessed June 3, 2021)

- Medical supplies may not be billed as implantable devices (refer to [Definitions](#) section)

Refer to the [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#) for the list of items and specific coverage information.

For additional coverage guidelines, refer to the [Medicare Benefit Policy Manual, Chapter 15, §110 – §130](#). (Accessed June 3, 2021)

For general instructions on billing and claims processing, refer to the [Medicare Claims Processing Manual, Chapter 20 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#). (Accessed June 3, 2021)

## Definitions

**Corrective Appliances/Orthotic:** Devices that are designed to support a weakened body part. (These appliances are manufactured or custom-fitted to an individual member. This definition does not include foot orthotics or specialized footwear which may be covered for member with diabetic foot disease.) [Medicare Claims Processing Manual, Chapter 20, §10.1.3 – Prosthetics and Orthotics \(Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes\) – Coverage Definition](#). (Accessed June 3, 2021)

**Durable Medical Equipment (DME):** Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home. [Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment](#). (Accessed June 3, 2021)

**Implantable Devices:** Defined by the FDA as a device that is placed into a surgically or naturally formed cavity of the human body if the device is intended to remain there for a period of 30 days or more. In order to protect public health, the FDA may determine that devices placed in subjects for shorter periods of time are also implants.

According to Medicare, these devices are used as an integral and subordinate part of the procedure performed, are used for one patient only, are single use, come in contact with human tissue, and are surgically implanted or inserted whether or not they remain with the patient when the patient is released from the hospital outpatient department. The following are not considered to be implantable devices: sutures, customized surgical kits, or clips, other than radiological site markers, furnished incident to a service or procedure. They are also not materials such as biologicals or synthetics that may be used to replace human skin. [FDA – Medical Devices, IDE Definitions and Acronyms](#) and [Medicare Claims Processing Manual, Chapter 4, §60.3 – Devices Eligible for Transitional Pass-Through Payments](#). (Accessed June 3, 2021)

**Member's Home:** For the purposes of rental and purchase of DME, the member's home may be his 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 the member's home if it:

- 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, to inpatients, 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).
- Meets at least the basic requirement in the definition of a skilled nursing facility (i.e., it is primarily engaged in providing skilled nursing care and related services to inpatients who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled or sick persons).

[Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment \(4\) \(D\)](#). (Accessed June 3, 2021)

**Prosthetic Device:** Articles or equipment, other than dental, that replace all or part of an internal body organ (including contiguous tissue) or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. In this policy the test of permanence is met if the medical record, including the judgment of the attending physician, indicates that the member's condition is of long and indefinite duration. [Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices](#). (Accessed June 3, 2021)

## Policy History/Revision Information

Date	Summary of Changes
06/14/2021	<p data-bbox="337 216 609 247"><b>Coverage Guidelines</b></p> <p data-bbox="337 254 609 285"><b><i>Coverage Statement</i></b></p> <ul data-bbox="337 291 1485 386" style="list-style-type: none"><li data-bbox="337 291 1485 386">• Updated notation pertaining to COVID-19 Public Health Emergency Waivers &amp; Flexibilities; removed reference link to the waiver titled <i>Durable Medical Equipment, Prosthetics, Orthotics and Supplies</i></li></ul> <p data-bbox="337 392 639 424"><b>Supporting Information</b></p> <ul data-bbox="337 430 886 462" style="list-style-type: none"><li data-bbox="337 430 886 462">• Archived previous policy version MCS029.01</li></ul>

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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