
Prosthetic and Orthotic Devices

4.212 Prosthetic and Orthotic Devices (5/1/2023, GCR 22-099)

4.212.1 Definitions

- (a) **“Prosthetic devices”** means replacement, corrective, or supportive devices to: artificially replace a missing portion of the body, prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body.

This definition is in accordance with the federal definition found at 42 CFR §440.120(c).

- (b) **“Orthotic devices”** means devices fashioned to support, correct, or improve the function of a body part.

4.212.2 Covered Services

- (a) Prosthetic and orthotic devices are covered when medically necessary.
- (b) Vermont Medicaid publishes and maintains a list of pre-approved prosthetic and orthotic devices and any prior authorization requirements. This information is publicly available on the Department of Vermont Health Access website.

4.212.3 Qualified Providers

- (a) Prosthetic and orthotic devices must be ordered by a physician or other licensed provider working within the scope of their practice and enrolled with Vermont Medicaid.

4.212.4 Conditions for Coverage

- (a) Prosthetic and orthotic devices must be necessary to address a beneficiary’s medical condition as ordered by a qualified provider.
- (b) The face-to-face requirements in Health Care Administrative Rule 4.209 Durable Medical Equipment apply to prosthetic and orthotic devices that are also subject to the face-to-face requirement under Medicare.
- (c) Coverage for Medicaid-approved shoes is limited to two pairs per adult beneficiary per calendar year unless additional pairs are medically necessary.
- (d) Custom-made arch supports prescribed by a qualified provider are covered when they meet the definition of an orthotic.
- (e) Custom devices are covered only when prefabricated devices cannot meet the medical need.
- (f) These conditions for coverage do not apply to prosthetics and orthotics reimbursed as a component of an institutional payment.

4.212.5 Non-Covered Services

- (a) Orthotics or prosthetics that primarily serve to address social, recreational, or other factors and do not directly address a medical need.

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- (b) Duplicate items are not covered.