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# The Department of Vermont Health Access Clinical Criteria

Subject: Neuroprosthetics/Neuroorthotics (NP/NO)
Last Review: August 30, 2022\*
Past Revisions: February 5, 2021, September 25, 2019, January 3, 2017, December 29, 2015, January 21, 2015, December 11, 2013, May 3, 2013, February 15, 2012

#### \*Please note: Most current content changes will be highlighted in yellow.

#### **Description of Service or Procedure**

Per Vermont Medicaid Rule 7508, "A prosthetic device is a replacement, corrective or supportive device to: 1) artificially replace a missing portion of the body; 2) prevent or correct deformity or malfunction; or 3) support a weak or deformed portion of the body. Prosthetics include orthotics." Orthotics are generally considered to include items 2 and 3 only.

Neuroprosthetics/orthotics support or correct the body part, fully or partially, by the use of electrical stimulation. There may be a mechanical component as well. Some neuroprosthetics/orthotics provide electrical stimulation through surface electrodes; others may include implantable or injectable electrodes. This guideline is specifically for devices with **surface** electrodes.

#### Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

#### Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <u>https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules</u>

- 7102.2 Prior Authorization Determination
- 7508 Prosthetic Devices
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.209 Durable Medical Equipment



## **Coverage Position**

NP/NO may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont's Office of Professional Regulation's website\*, Statute, or rule who is knowledgeable regarding neuroprosthetics and neuro orthotics, and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <u>https://sos.vermont.gov/opr/</u>

### Coverage Criteria

NP/NO may be covered for members who:

- Have a neurologically based medical condition that results in the long term medical need for a prosthetic/orthotic to prevent or correct malfunction, or support a weak or deformed portion of the body AND
- Requires the use of a prosthetic/orthotic to perform medically necessary activities of daily living AND
- Has undergone extensive trials of all other, less expensive, medically appropriate forms of prosthetic/orthotic as part of a physical or occupational therapy plan of care, and where the other prosthetics/orthotics have failed to meet the member's functional medical needs AND
- Will continue to be treated by the physical or occupational therapist after obtaining the neuroprosthetic/orthotic to enable the member to utilize the device properly and functionally.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

### Clinical criteria for repeat service or procedure

- When the device no longer meets the medical needs of the member, OR
- When the device is no longer functional through normal wear and tear (expected to be at least 5 years), OR
- When the cost of repair is more than 50% of the cost of replacement.
- Electrodes and batteries may be replaced as needed to allow the proper function of the NP/NO device.

## Type of service or procedure covered

NP/NO devices that produce electrical stimulation delivered by surface electrodes.

### Type of service or procedure not covered (this list may not be all inclusive)

- NP/NO via implanted or injected electrodes, which are considered to be investigational at this time.
- NP/NO for members who are unable to use the NP/NO device to perform medically necessary activities of daily living such as walking functional distances.

- NP/NO for use primarily as an exercise system rather than to perform functional medically necessary activities of daily living.
- NP/NO for use primarily as a cosmetic device.
- NP/NO for members who are not able to maintain the device for safe, functional, long term use. Per Vermont Medicaid Rule 7508.3, the device "must be appropriate for the member's age, gross and fine motor skills, developmental status, mental functioning, and physical condition."
- Duplicate items are not covered.

## Coding guidelines

Specific codes for electrodes and batteries exist and must be used.

## References

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