Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
DME/DMS Transmittal No. 3
Managed Care Organization Transmittal No. 241
May 8, 2025

TO: Disposable Medical Supplies Providers
Durable Medical Equipment Providers
MCO Organizations
Nursing Home Providers
Prosthetic & Orthotic Providers

FROM: Jamie Smith, Director
Office of Long Term Supports and Services

Sandy Kick, Director
Office of Medical Benefits Management

RE: Updated Orthoses and Prostheses Coverage Expansion under the *So Every Body Can Move Act,* Effective January 1, 2025

NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.

This transmittal replaces the Disposable Medical Supplies (DMS) and Durable Medical Equipment (DME) Transmittal No. 2 and Managed Care Organization (MCO) Transmittal No. 233 issued in December 2024. This transmittal provides additional clarification to the DMS/DME providers, MCO, Nursing Homes, and Prosthetic/Orthotic providers about coverage of 'L' codes for prostheses and orthoses according to existing Medicaid requirements. Additionally, this transmittal informs the DMS/DME and Prosthetic/Orthotic providers about expanded coverage of prostheses pursuant to Senate Bill (SB) 614 Maryland Medical Assistance Program and Health Insurance - Coverage for Prostheses *(So Every Body Can Move Act)* (Chs. 822 and 823 of the 2024 Acts), effective January 1, 2025.

According to the legislation, an orthotic device is defined as a rigid and semi-rigid device used for the purpose of supporting a weak or misaligned body member or restricting or eliminating motion in a diseased or injured part of the body. A prosthetic device is defined as an artificial device to replace, in whole or in part, a leg, an arm, an eye, or breast, including surgical brassiere. As of

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January 1, 2025, the Department covers prostheses when medically necessary (1) once annually for use in the participant's home, school, or place of employment, as well as (2) once annually for the purpose of participating in certain physical activities including running, biking, swimming, strength training, lower and upper limb function, and other activities to maximize whole-body health.

Coverage of Existing Prosthetic and Orthotic L-Codes

All Medicaid-enrolled DMS/DME and Prosthetic/Orthotic providers are expected to provide coverage for all 'L' codes for prosthetic and orthotic devices currently covered by the Maryland Medicaid Fee-for-Service (FFS) Program as listed on the Disposable Medical Supplies and Durable Medical Equipment Fee Schedule, found under the approved items list on the Community Support Services webpage. MCOs may require prior authorization for this benefit. Providers must contact each MCO for their preauthorization and reimbursement policies.

Expanded Coverage of Prostheses

Effective January 1, 2025, Medicaid will cover prostheses when medically necessary:

- once annually for use in the participant's home, school, or place of employment; as well as
- once annually for the purpose of participating in certain physical activities including running, biking, swimming, strength training, and other activities to maximize their whole-body health and lower or upper limb function.

In addition to prefabricated prosthetic devices and components of prosthetic devices, Medicaid will cover custom-designed, fabricated, fitted, or modified prosthetic devices to treat partial or total limb loss for purposes of restoring physiological function when medically necessary.

Prepayment authorization is required for prosthetic and orthotic devices with a charge of $1,000 and above for participants in the Medicaid FFS Program.

For participants enrolled in HealthChoice, MCOs may require prior authorization for this benefit.

Repairs and Replacement of Prostheses

Medicaid provides coverage for repairs of covered prosthetic devices and components of prosthetic devices.

Once annually, medically necessary prosthetic devices are covered that are less than three years old if the replacement is necessary for the following reasons:

- due to a change in the physiological condition of the patient;
- unless necessitated by misuse, due to an irreparable change in the condition of the prosthesis or the component of the prosthetic device; or
- unless necessitated by misuse, because the condition of the prosthetic device or the component of the prosthetic device requires repairs, and the cost of the repairs would be more than 60 percent of the cost of replacing the prosthetic device or the component of the prosthetic device.

MCOs may require prior authorization for this benefit.

Coverage, Repairs and Replacement of Orthoses:

The Medicaid FFS Program will provide medically necessary coverage, repairs, and replacements for orthotic devices in the participant's home, school, or place of employment. Prepayment authorization is required for coverage, repairs, and replacement of orthotic devices and components of orthotic devices with a charge of $500.00 or above. MCOs are expected to provide medically necessary coverage, repairs, and replacements for orthotic devices for use in the MCO participant's home, school, or place of employment.

MCOs have the discretion to require prior authorization for the coverage, repairs and replacement of orthotic devices and components of orthotic devices.

For additional questions about this transmittal, please contact Karen Gaines at karen.gaines@maryland.gov or mdh.healthchoiceprovider@maryland.gov.