



Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

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Orthotics Insurance Coverage Criteria

1

Prescription of Item Ordered Item

2

Medical Record ordering the item and goal of brace use will be for patient. If you are unsure if an item is covered, or need to verify documentation requirements, please contact Gammie HomeCare.

PRODUCTS WE CARRY

1. Cervical: soft collars, Philadelphia collars, Aspen collars
2. Shoulder immobilizers
3. Clavicle Straps
4. Humeral Cuff
5. Rib Belts (non-covered)
6. Abdominal binders (non-covered)
7. Elastic lumbo-sacral support (non-covered)
8. Rigid lumbo-sacral support
9. Elbow Straps
10. Elbow Brace ROM
11. Wrist/Thumb Supports
12. Boxer splint
13. Thigh Supports (non-covered)
14. Knee Sleeves (non-covered)
15. Knee Immobilizer – Dx driven
16. Hinged Knee Brace – medical record must document joint instability
17. Range of Motion (ROM) knee brace – prescription must order flexion and extension settings
18. Telescoping w/ ROM Knee Brace – post surgical – prescription must order flexion and extension settings
19. ACL (ligament) Functional Knee Brace (Rigid) – need MRI documentation, dx driven
20. Unloading Knee Brace – need MRI or xray showing severe osteoarthritis, dx driven
21. Calf supports (non-covered)
22. Ankle Supports
23. Night Splint – dx driven (plantar fasciitis)
24. Walking Boot (CAM/Foam Walking Boots, Pneumatic Walking Boots)
25. Post-Op/Cast Shoes (non-covered)
26. Cast Shoes/Protectors (non-covered)
27. CryoCuff (IceMan) - prescription required

Coverage criteria is taken from the CMS Medicare Local Coverage Determination policies. These guidelines are subject to change without notice. Last Updated 8.16.19

