

Navigating Insurance After Upper Limb Loss

Understanding your health insurance coverage and how it applies to your current situation can be challenging. It's important to remember that Hanger Clinic is here to help.

COVERAGE AUTHORIZATION

Each insurance carrier has its own criteria or qualifications. That said, the following five requirements are relatively common across various carriers and plans:

- A doctor's prescription
- Medical documentation that the device is "medically necessary"
- Proof of your disability's impact on your life
- Proof of income (Medicaid)
- Proof of financial need (Medicaid)



PROSTHETIC COVERAGE: WHAT TO EXPECT FROM DIFFERENT TYPES OF CARRIERS*

***Note:** The information below is provided as a reference and may change over time. Please confirm the latest coverage with your insurance provider.*

EMPLOYER-SPONSORED INSURANCE

Small-group insurance plans are required by law to cover essential health benefits, including prosthetics. While large corporate plans are not required by law to cover prosthetics, they often do.

If you have a choice of different plans, read the insurance policy for exclusions before choosing a policy. Depending on your insurance plan, you may have to meet a deductible and/or make a copay.

MARKETPLACE INSURANCE

Coverage offered through the Health Insurance Marketplace must include prosthetic devices and other essential benefits. That said, the extent of coverage varies. If you are seeking new Marketplace coverage, be sure to check your options, ask about any exclusions, inquire about a copay, and make sure the plan you choose covers your prosthesis.



For more information, scan the code
or visit HangerClinic.com/ULResources.

 Hanger Clinic[®] Upper Limb Prosthetic Specialty Network

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MEDICARE COVERAGE

The team at Hanger Clinic has a comprehensive understanding of Medicare regulations and reimbursements. They are happy to answer your questions regarding eligibility, bills, deductibles, and Medicare notices.

MEDICARE PART B

Coverage for prosthetic devices is available when ordered by a Medicare-enrolled doctor or healthcare provider. You will have to meet your deductible first, after which you're responsible for 20% of the Medicare-approved amount for prosthetic devices. Your insurance may require prior authorization. Make sure your Hanger Benefits Specialist knows if you have any supplemental medical coverage or if you are eligible for state plans like Medicaid.

MEDICARE ADVANTAGE (PART C)

With Medicare Advantage (Part C) coverage, you may still be able to get Part B coverage for your prosthesis as "Durable Medical Equipment (DME)." Check your plan details to determine the exact coverage and requirements.



To learn more, scan the code or visit [Medicare.gov/coverage/prosthetic-devices](https://www.Medicare.gov/coverage/prosthetic-devices).

MEDICAID HEALTH COVERAGE

Medicaid typically covers medically necessary and doctor-prescribed prostheses, however, coverage and eligibility depends on your state program. To find yours, search the web with your state name + "Medicaid," scan the code, or visit [Medicaid.gov/about-us/beneficiary-resources/index.html](https://www.Medicaid.gov/about-us/beneficiary-resources/index.html).



**This information does not cover all situations and should not be construed as an all-inclusive listing of all possible situations. As part of our commitment of service to you, we will make every attempt to verify your insurance benefits at the time your services are rendered. However, insurance verification or authorization is not a guarantee of insurance payment. This only allows our office to provide you with a preliminary estimate of any money due by the insured on or before the device's delivery time. Your patient portion is subject to change based on final claim determination by your insurance carrier.*

HOW HANGER CLINIC HELPS SIMPLIFY BILLING AND INSURANCE

Hanger Clinic is in-network with more than 2,500 insurance carriers. The amount of coverage available depends on your specific insurance. In most cases, you're required to pay a copay or a certain percentage of costs when your prosthesis is delivered. The amount depends on your insurance and the device you are receiving.



Once you provide Hanger Clinic with your insurance information, our experienced office staff will verify your benefits with your insurance carrier to determine the coverage available for your prosthetic services. If we are not in-network with your plan, we will work with you to understand the best coverage options.



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