

Medical Policy



Description

A truss is an appliance designed to prevent the return of a reduced hernia or increase in size of an irreducible hernia; it consists of a pad attached to a belt and kept in place by a spring or straps.

Policy

A truss is considered **medically necessary** to prevent the return of a reduced hernia or increase in size of an irreducible hernia.

Policy Guidelines

Coverage Criteria:

Must be ordered by the Member's treating practitioner for a reducible hernia.

Limitations:

Replacement of a truss will be limited to one every 24 months.

Exclusions:

A truss that is intended to be used for the sole purpose of allowing for participation in work, recreation or sporting activities.

HCPCS Level II Codes and Description

L8300	Truss, single with standard pad
L8310	Truss, double with standard pads
L8320	Truss, addition to standard pad, water pad
L8330	Truss, addition to standard pad, scrotal pad

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Medical Policy



Truss

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

Blue Cross Blue Shield North Carolina: Orthotics

<https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/orthotics.pdf> Last accessed/reviewed 11-14-24.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-17-22	Initial Release	Carol Dimech	Dr. C. Lerchin	11-17-22	11-17-22
1	11-15-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-15-23	11-15-23
2	11-14-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-14-24	11-14-24