Clinical Practice Guideline: **Supports and Appliances**

Date of Implementation: **April 19, 2012**

Effective Date: **July 23, 2026**

Product: **Specialty**

GUIDELINES

American Specialty Health – Specialty (ASH) considers supports and appliances, when appropriately correlated with clinical findings (e.g., history and exam) and clinical evidence as medically necessary.

CPT® Codes and Descriptions*

CPT® Code	CPT® Code Description
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

HCPCS Codes and Descriptions*

HCPCS Code	HCPCS Code Description
A4467	Belt, Strap, Sleeve, Garment, or covering, any type
A4565	Slings
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment
A4635	Underarm pad, crutch, replacement, each
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips

HCPCS Code	HCPCS Code Description
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each
E0117	Crutch, underarm, articulating, spring assisted, each
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E0190	Positioning cushion, pillow/wedge, any shape or size, includes all components and accessories
L0978	Axillary crutch extension
L4002	Replacement strap, any orthosis, includes all components, any length, any type

*These tables include common examples of support and appliance codes. This list may not be all-inclusive.

DESCRIPTION/BACKGROUND

Supports and appliances include a variety of medical supplies (also known as durable medical equipment [DME] or DME related supplies and accessories) ranging from gel electrodes to rehabilitation supplies (e.g., gym ball/elastic tubing/band) to back or foot orthoses. This CPG refers only to those supports and appliances where no other specific ASH clinical practice guideline exists.

CPT® & HCPCS CODES AND DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE MEDICAL NECESSITY

"Medically necessary" or "medical necessity" shall mean health care services that a healthcare practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease or its symptoms, and that are (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and considered effective for the patient's illness, injury, or disease; and (c) not primarily for the convenience of the patient or healthcare practitioner, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.

Supports and appliances are determined to be medically necessary when appropriately correlated with clinical findings (e.g., history and exam) and clinical evidence. The patient's medical records should document the practitioner's clinical rationale for ordering/applying the specific support(s) and/or appliance(s). Additionally, replacement parts, or supplies for supports or appliances are only considered medically necessary if the need for supports or appliances meets the criteria for medical necessity.

Elastic or other fabric support garments (A4467: belt, strap, sleeve, garment, or covering, any type) with or without stays or panels do not meet the statutory definition of a brace because they are not rigid or semi-rigid devices.

Refer to client summary for covered benefits.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven, and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020)

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies in a Health Care Facility (CPG 159 – S)* policy for information.

References

American Medical Association. Current Procedural Terminology (CPT) [current year, revised edition]. Chicago, IL: American Medical Association.

American Medical Association HCPCS Level II. [current year]. Chicago, IL: American Medical Association.

American Physical Therapy Association. Retrieved May 18, 2026, from www.apta.org

Guide to Physical Therapist Practice 4.0. Alexandria, VA: American Physical Therapy Association; 2023. Retrieved on May 18, 2026 from http://guidetoptpractice.apta.org/.

Joint Commission International. Joint Commission International Accreditation Standards for Hospitals. 7th ed. Oak Brook, IL: Joint Commission Resources; 2020.

Schunk C, Reed K, Deppeler D, eds. Clinical Practice Guidelines: Examination and Intervention for Rehabilitation. 3rd ed. Seattle, WA: Therapeutic Associates; 2008.