Prior authorization requirement change for orthotics

On December 1, 2017, prior authorization (PA) requirements will change for orthotics. PA reviews will be performed primarily on back, knee, ankle and foot orthoses. Federal and state law as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool within the Availity Portal. Noncontracted providers can obtain PA requirements by calling 1-866-805-4589.