

Authorization Guidelines for Orthotics and Prosthetics

A written prescription is required for all orthotic and prosthetic appliances; however, the prescription is required to accompany the TAR for initial purchase requests only that meet authorization thresholds. For those appliances that do not require authorization based on the thresholds below, the prescription must be kept on file in the member's medical chart which is subject to an audit by the plan.

Authorization Requirements:

A Treatment Authorization Request (TAR) or Authorization Request (AR) is required if the cumulative costs of purchase, replacement and repair exceed the following amounts per member, per provider, per 90-day period:

- Orthotics exceed \$250
 - Pre-fabricated Helmets (HCPCS A8000, A8001, and A8004) are subject to DME TAR thresholds (purchase exceeds \$100)
- Prosthetics exceed \$500
- TAR/AR is always required for Therapeutic Diabetes Shoes & Inserts
- TAR/AR is required for any labor time in excess of 12 units (3 hours)
- TAR/AR is required if item exceeds frequency limitations as set forth in the Medi-Cal Manual

Authorization Documentation:

All TARs/ARs require documentation for medical necessity defined as:

Initial Purchases:

- Prescription signed and dated by the physician
- Explanation of need and the purpose of the appliance
- Duration of medical necessity
- Documentation of prior functional level and future anticipated functional level, if relevant
- Date and type of surgery or injury, if applicable
- If exceeding frequency limitation, include a certification from the physician (signed and dated) explaining why medically necessary for exceeding limitation as set forth in the Medi-Cal Manual

Repairs, maintenance or replacement:

- Clinical documentation with reference to age of the appliance, physical condition of the appliance and the anticipated functional level of the member

In addition, the following items require documentation on the TAR/AR in addition to the above requirements listed for initial purchases:

Exceeding Frequency Limitations

- Frequency limitation of item being requested
- Prior date of service of item being requested

Custom-Made Foot Orthoses:

- Explanation of fabrication process used

By Report Orthotics and Prosthetics

- Item description
- Manufacturer name
- Model number
- Catalog number (if applicable)
- Suggested retail price
- Cost of parts used
- Cost of labor per hour and total cost/hours
- Description of and justification for any special features (custom modifications or special accessories)
- Medical condition necessitating the particular orthotic or prosthetic item

Cranial Remolding Orthoses

- All requests must be screened for CCS
- Maximum age is two (2) years
- Frequency is limited to two (2) in twelve (12) months

Therapeutic Diabetic Shoes and Inserts (A5500, A5501, A5503-A5507, A5512 and A5513)

- Diagnosis of diabetes mellitus (Dx 250-250.91)
- Physician Certification of Medical Necessity (CMN) for Therapeutic Diabetic Shoes and Inserts form, which must indicate one or more of the following conditions:

- Foot ulcers
 - Previous amputation of the contralateral foot, or part of either foot, due to microvascular disease secondary to diabetes
 - History of previous foot ulceration of either foot
 - Peripheral neuropathy with evidence of callous formation of either foot
 - Deformity of either foot, that is, rocker bottom foot or Charcot foot
 - Documentation of compromised vascular disease in either foot
 - Positive monofilament examination indicating diabetic neuropathy
- For codes A5501 and A5513, one of the following:
 - Diabetes mellitus with neurological manifestations (250.6)
 - Diabetes mellitus with peripheral circulatory disorders (250.7)
 - Diabetes mellitus with other specified disorders (amputations, significant deformities and/or pre-ulcerations) (250.8)

Prosthetic Eyes

- Prescription signed and dated by the physician
- Explanation of need
- Prior prosthetic eye history
- Description of and justification for other than a precast prosthesis

Helpful Hints for TAR/AR Submission:

- CenCal Health has fourteen (14) calendar days to make an initial determination on a medical authorization. Health Services is required to process authorizations within five (5) business days of receipt of the authorization and all its necessary documentation.
- If submitting authorization through CenCal Health's website, please ensure that the documentation required for the authorization is faxed to the plan on the same day as the submittal of the web TAR/AR. Please add the TAR/AR number to each page of the documentation to ensure the information being faxed is attached to the correct authorization. Paper authorization forms should be mailed or faxed with all supporting documentation included.

- If there is a delay in providing the required documentation, please notify the Health Services Department at (805) 562-1082 or directly to the plan staff member requesting the additional documentation needed to process the authorization.
- Email is the most effective means of communication for authorizations; if you are not already receiving email notifications for authorization submission or if you need to update your email address, please contact the Provider Services Department at (805) 562-1676.