

	<b>Orthoses Guideline</b>	
<b>Guideline #</b> 10710	<b>Categories</b> Administration / Non-Clinical →TCHP Utilization Management	<b>This Guideline Applies To:</b> Texas Children's Health Plan
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**GUIDELINE STATEMENT:** Texas Children's Health Plan (TCHP) performs authorization of certain orthoses and related services.

### DEFINITIONS:

**Orthosis:** A custom-fabricated or custom-fitted medical device designed to provide for the support, alignment, prevention or correction of neuromuscular or musculoskeletal disease, injury, or deformity. The term does not include a fabric or elastic support, corset, arch support, low temperature plastic splint, a truss, elastic hose, cane, crutch, soft cervical collar, orthosis for diagnostic or evaluation purposes, dental appliance, or other similar device carried in stock and sold by a retail store.

**Brace:** An orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body, and that allows for motion of that part. It must be a rigid or semi rigid device used for the purpose of supporting a weak or deformed body part or restricting or eliminating motion in a diseased or injured body part

## PRIOR AUTHORIZATION GUIDELINE

1. All requests for prior authorization for orthoses and related services are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. To request prior authorization for orthoses and related services, clinical documentation to support the medical necessity for the requested orthoses must be provided
  - 2.1. Prior authorization requests for the rental or purchase of secretion and mucus clearance devices requires submission of a completed Comprehensive Care Program (CCP) Prior Authorization Form requesting the orthosis or related services that has been signed and dated by the member's treating physician.
  - 2.2. All requests for prior authorization must include documentation of medical necessity including, but not limited to, documentation that the device is needed for one of the following general indications

- 2.2.1. To reduce pain by restricting mobility of the affected body part.
  - 2.2.2. To facilitate healing following an injury to the affected body part or related soft tissue.
  - 2.2.3. To facilitate healing following a surgical procedure on the affected body part or related soft tissue.
  - 2.2.4. To support weak muscles or a deformity of the affected body part
- 2.3. The following documentation is required for prior authorization:
- 2.3.1. The prescription for the device.
  - 2.3.2. Orthotic devices must be prescribed by a physician (M.D. or D.O.) or a podiatrist. A podiatrist prescription is valid for conditions of the ankle and foot.
  - 2.3.3. The prescription must be dated on or before the initial date of the requested dates of service, which can be no longer than 90 days from the signature date on the prescription.
  - 2.3.4. Accurate diagnostic information and medical history that supports the medical necessity for the requested device.
  - 2.3.5. A prior authorization is valid for a maximum period of six months from the prescription signature date
  - 2.3.6. At the end of the six-month authorization period, a new prescription is required for prior authorization of additional services.
3. Custom fitted orthosis for chronic medical conditions require prior authorization per table below.
- 3.1. For the devices listed below TCHP will follow criteria listed in the most recent Texas Medicaid Provider Procedures Manual.
4. Prefabricated orthosis for acute injury diagnoses do not require prior authorization per table below:
5. The following are excluded from coverage and are not a benefit:
- 5.1. Orthoses whose sole purpose is for restraint
  - 5.2. Orthoses provided solely for use during sports-related activities in the absence of an acute injury or other indicated medical condition.
  - 5.3. Orthotic devices prescribed by a chiropractor
  - 5.4. Orthopedic shoes with deluxe features, such as special colors, special leathers, and special styles, are not considered medically necessary, and the features do not contribute to the accommodative or therapeutic function of the shoe.
  - 5.5. A foot-drop splint and recumbent positioning device and replacement interface are not considered medically necessary for a member with foot drop who is non-ambulatory, because there are other more appropriate treatment modalities.

- 5.6. A pneumatic thoracic-lumbar-sacral orthosis is considered experimental and investigational and is not a benefit.
6. Diagnoses that are not considered medically necessary include, but are not limited to, the following:
- 6.1. Tired feet
  - 6.2. Fatigued feet
  - 6.3. Non severe bowlegs
  - 6.4. Valgus deformity of the foot, except as outlined in the orthotic section
  - 6.5. Pes planus (flat feet), except when there is a coexisting medical condition as outlined in the orthotic section of the most recent Texas Medicaid Provider Procedures Manual.
7. Members under the age of 20 who have a medical need for services beyond the limits of this guideline may be considered with TCHP Medical Director/Physician Reviewer Review.
8. Requests that do not meet the criteria established by this guideline will be reviewed by a TCHP Medical Director/Physician Reviewer and the Denial Policy will be followed.
9. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

**RELATED DOCUMENTS:****REFERENCES:**

Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Procedure Manual – Accessed May 18, 2020

[http://www.tmhp.com/manuals\\_pdf/tmppm/tmppm\\_living\\_manual\\_current/2\\_DME\\_and\\_Supplies.pdf](http://www.tmhp.com/manuals_pdf/tmppm/tmppm_living_manual_current/2_DME_and_Supplies.pdf)

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