

## **PROTOCOLS FOR ORTHOTICS & PROSTHETICS**

Orthotic and Prosthetic providers will be responsible for first determining the eligibility of members to receive services, for meeting the elements of and documenting services as indicated below, and in order to receive payment, for submitting claim forms to CenCal Health.

“Orthotist” shall mean a person who makes and fits orthopedic braces for the support of weakened body parts or the correction of body defects.

“Prosthetic and Orthotic Appliances” shall mean those appliances prescribed by a physician, dentist or podiatrist for the restoration of function or replacement of body parts.

“Prosthetist” shall mean a person who makes and fits artificial limbs or other parts of the body.

### **Eligibility**

Orthotic and Prosthetic providers must confirm that the member presenting in his/her office is eligible for services under CenCal Health and is assigned to the referring PCP for the month in which he/she is to render services. This can be accomplished by verifying eligibility through one of CenCal Health’s systems. Information regarding eligibility is in the Member Services Section of this Provider Manual.

In the event the member is not eligible under the program(s) administered by CenCal Health, payment for any services provided to the member will not be the responsibility of CenCal Health.

### **Orthotics & Prosthetics Benefit**

Orthotics and Prosthetics benefits include original and replacement devices, including but not limited to the following:

- Medically necessary replacement prosthetic devices as prescribed by a licensed practitioner acting within the scope of his/her licensure
- Medically necessary replacement orthotic devices when prescribed by a licensed practitioner acting within the scope of his/her license
- Initial and subsequent prosthetic devices and installation of accessories to restore a method of speaking incident to a laryngectomy
- Therapeutic footwear for diabetics
- Prosthetic devices to restore and achieve symmetry incident to mastectomy

### **Non-Covered Items of Orthotics and Prosthetics**

- Corrective shoes, shoes inserts and arch supports *except* for therapeutic footwear and inserts for individuals with diabetes
- Non-rigid devices such as elastic knee supports, corsets, elastic stockings and garter belts
- Dental appliances
- Electronic voice producing machines
- More than one device for the same part of the body

### **Documentation of Services**

Orthotic and Prosthetic providers shall document services by completing a claim form and submitting the form to CenCal Health. Orthotic and Prosthetic providers shall also provide documentation to the member's PCP.

### **Authorizations**

Orthotic and Prosthetic providers are required to obtain a referral for certain services prior to providing services in the form of a **prescription (Rx)** from the member's PCP. Prescription (Rx) forms are available through CenCal Health or the Medi-Cal website, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

#### **Additional authorization for DME products**

Prior Authorization, in the form of a **Treatment Authorization Request (TAR)** for SBHI and SLOHI, or an **Authorization Request (AR)** for HF, HK, PP2 and IHSS, is required for the following conditions:

- **Orthotics** exceeding \$250.00 (cumulative in a 90 day period)
- **Prosthetics** exceeding \$500.00 (cumulative in a 90 day period)

### **Billing for Covered Services**

Orthotic and Prosthetic providers bill CenCal Health, using provider's Medi-Cal provider number for SBHI and SLOHI, or the Tax Identification Number for HF, HK, PP2 and IHSS, for the Orthotic and Prosthetic services he/she has provided to the eligible member. In the event the member has other coverage, or third-party liability is involved, the DME provider shall follow the terms and conditions of his/her Agreement with CenCal Health, or as indicated in "Other Health Coverage" in the Claims Section of this Provider Manual.

### **Co-payments**

No co-payments for Orthotics and Prosthetics are required for the following programs: SBHI, SLOHI, HF, HK, or PP2; however, the IHSS program requires co-payments in the form of co-insurance. Co-payments for Orthotic and Prosthetic services for IHSS members may be collected at the time the service is rendered, however, if the co-payment is a co-insurance, the Orthotics and Prosthetics provider may wish to bill CenCal Health first and then bill the member after the insurance payment is received.

#### **Co-insurance for IHSS members:**

40% Co-insurance - Orthotics and Prosthetics (O & P) appliances when prescribed as necessary for the restoration of function or replacement of body parts as prescribed. O & P items include, but are not limited to, custom footwear required for foot disfigurement from disease or accident and for insulin dependent diabetics, devices used to restore a method of speaking following laryngectomy and devices to restore and achieve symmetry incident to mastectomy.

### **Reimbursement for Orthotic and Prosthetic Covered Services**

Provider shall be reimbursed by CenCal Health for Covered Services rendered to members as indicated in the Exhibit A of provider's Allied Amendment Agreement.