

	<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  <b>Document Owner</b>  Lisa Fuller

**GUIDELINE STATEMENT:** Texas Children's Health Plan (TCHP) performs authorization of certain orthoses and related services. TCHP follows Texas Medicaid Provider Procedures Manual prior authorization and medical necessity criteria for custom fitted orthotics for chronic medical conditions.

#### 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. Clinical documentation is required to support the medical necessity for the requested orthoses.
3. To be considered for reimbursement, orthoses must be dispensed, fabricated, or modified by a licensed orthotist or licensed prosthetist/orthotist enrolled with Medicaid and Comprehensive Care Program (CCP). The following applies:
  - 3.1. Upper extremity customized splints made with low-temperature materials and inhibitive casting may be provided by occupational or physical therapists.
  - 3.2. Other orthopedic devices addressed in the orthotic section of Texas Medicaid Provider Procedures Manual may be provided by a Medicaid-enrolled DME vendor.
  - 3.3. Orthopedic shoes must be provided by a shoe vendor enrolled as a DME provider.
4. 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:
  - 4.1 To reduce pain by restricting mobility of the affected body part.
  - 4.2 To facilitate healing following an injury to the affected body part or related soft tissue.
  - 4.3 To facilitate healing following a surgical procedure on the affected body part or related soft tissue.
  - 4.4 To support weak muscles or a deformity of the affected body part
5. The following documentation is required for prior authorization:
  - 5.1. The prescription for the device.
  - 5.2. 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.
  - 5.3. 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.
  - 5.4. Accurate diagnostic information and medical history that supports the medical necessity for the requested device.
  - 5.5. A prior authorization is valid for a maximum period of six months from the prescription signature date.
  - 5.6. At the end of the six-month authorization period, a new prescription is required for prior authorization of additional services.
6. The following items and services are included in the reimbursement for an orthotic device and not reimbursed separately:
  - 6.1. Member evaluation, measurement, casting, or fitting of the orthosis.
  - 6.2. Repairs due to normal wear and tear during the 90 days following delivery.

6.3. Adjustments or modifications of the orthotic device made when fitting the orthosis and for 90 days from the date of delivery. Adjustments and modifications during the first 90 days are considered part of the purchase of the initial device.

## 7. Foot Orthoses and the University of California at Berkeley (UCB) Foot Inserts

7.1. Removable foot inserts will be considered for prior authorization for clients with documentation of one of the following medical conditions:

- Diabetes Mellitus
- History of amputation of the opposite foot or part of either foot
- Foot ulceration or pre-ulcerative calluses of either foot
- Deformity of either foot
- Poor circulation of either foot

7.2. Removable foot inserts may be covered independently of orthopedic shoes with documentation that the client has appropriate foot wear into which the insert can be placed

7.3. A UCB removable foot insert will be considered with documentation that the insert is required to correct or treat at least one of the following conditions:

- A valgus deformity and significant congenital pes planus with pain
- A structural problem that results in significant pes planus (eg Down Syndrome)
- Acute plantar fasciitis

## 8. Orthoses are not medically necessary and not a benefit of Texas Medicaid in the following circumstances:

8.1. Orthoses whose sole purpose is for restraint

8.2. Orthoses provided solely for use during sports-related activities in the absence of an acute injury or other indicated medical condition.

8.3. Orthotic devices prescribed by a chiropractor

8.4. 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.

8.5. 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.

8.6. A pneumatic thoracic-lumbar-sacral orthosis is considered experimental and investigational and is not a benefit.

8.7. A static ankle-foot orthosis (AFO) if:

- 8.7.1. The contracture is fixed
- 8.7.2. The member has foot drop without an ankle flexion contracture
- 8.7.3. The AFO is used to address knee or hip positioning

## 9. Diagnoses that are not considered medically necessary include, but are not limited to, the following:

9.1. Tired feet

9.2. Fatigued feet

9.3. Nonsevere bowlegs

9.4. Valgus deformity of the foot, except as outlined in except as outlined in the orthotic section of Texas Medicaid Provider Procedures Manual

9.5. Pes planus (flat feet), that is cosmetic in nature and without a coexisting medical condition, per Texas Medicaid Provider Procedures Manual (Orthotic Services, section Flat Foot Treatment). Coexisting medical conditions may include:

- Pain in the foot, leg, or knee that results in a decrease of function, and
- A secondary condition such as valgus deformity or plantar fasciitis

10. Members under the age of 21 who have a medical need for services beyond the limits of this guideline may be considered with TCHP Medical Director/Physician Reviewer Review.

11. 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.

12. 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 July 28, 2023.

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