



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Orthotics-OH MCD-PY-1151	05/01/2024-09/30/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Orthotics

B. Background

Orthotics are braces, splints, casts, and supports that may be utilized to align, prevent, or correct deformities or to improve the function of movable parts of the body.

Reimbursement policies are designed to assist providers when submitting claims to CareSource. These are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

The purpose of this policy is to reinforce CareSource's ability to audit post-payment claims and ensure that reimbursement was justified by reviewing a provider's documentation to confirm medical necessity.

C. Definitions

- **Certificate of Medical Necessity (CMN)** – A written statement by a practitioner attesting that a particular item or service is medically necessary for an individual.
- **Orthotics** – The evaluation, measurement, design, fabrication, assembly, fitting, adjusting, servicing, or training in the use of an orthotic device, or the repair, replacement, adjustment, or service of an existing orthotic device.
- **Orthotic Device** – A custom fabricated or fitted medical device used to support, correct, or alleviate neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity. The device is dispensed to an eligible CareSource member by an appropriate provider and can be considered for back, spinal (lumbar, cervical, and/or thoracic), foot, ankle, and knee indications.

D. Policy

- I. CareSource may request documentation from the ordering physician and the dispensing durable medical equipment (DME) provider to confirm medical necessity of the orthotic device.
 - A. The orthotic device must be a covered orthotic device and ordered and furnished by an eligible provider to an eligible CareSource member. Eligible Medicaid providers of the following types with prescriptive authority under Ohio law may certify the medical necessity of an orthotic device:
 1. a physician

2. a podiatrist
 3. an advanced practice registered nurse with a relevant specialty (eg, clinical nurse specialist, certified nurse practitioner)
 4. a physician assistant
 - B. CareSource may request the CMN after the claim has been submitted.
 - C. An illegible CMN will not be accepted.
- II. The following criteria for reimbursement must be included:
- A. The DME provider must be enrolled as a DME supplier for Medicaid.
 - B. The ordering practitioner must conduct a face-to-face encounter.
 - C. The orthotic device must have a prescription.
 1. The date cannot precede the date of the face-to-face encounter, nor be more than 180 days after the encounter.
 2. The date must be no more than 60 days before the date the orthotic device is dispensed to the member.
 - D. The ordering practitioner must be actively involved in managing the member's medical care. A prescription written by a practitioner who has no professional relationship with the member will be disallowed.
 - E. The prescribed DME device must be directly related to a medical condition of the member that the practitioner evaluates, assesses, or actively treats during the encounter.
- III. Any request for an orthotic device must originate with an eligible CareSource member, the member's authorized representative, or a medical practitioner acting as prescriber and must be made with the member's full knowledge and consent.
- IV. When instruction must be given regarding safe and appropriate use of an orthotic device, it is the responsibility of the provider to ensure that the member or someone authorized to assist the member has received such instruction.
- V. Each claim submitted for payment must have supporting documentation kept by the DME provider.
- VI. Payment is not available for an orthotic device that is a duplicate or conflicts with another device currently in the member's possession, regardless of payment or supply source. Providers are responsible for ascertaining whether duplication or conflict exists.
- E. Conditions of Coverage
- Reimbursement is dependent upon, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.
- F. Related Policies/Rules
- Medical Record Documentation Standards for Practitioners

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

G. Review/Revision History

DATE		ACTION
Date Issued	06/10/2020	
Date Revised	11/10/2021	Revised Policy language. Approved at PGC.
	04/12/2023	Added additional background information. Updated references. Approved at Committee.
	01/31/2024	Annual review. Updated references. Approved at Committee.
Date Effective	05/01/2024	
Date Archived	09/30/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Device-Related and Scope of Practice Definitions, OHIO ADMIN. CODE 4755-62-02 (2020).
2. Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS): General Provisions, OHIO ADMIN. CODE 5160-10-01 (2024).
3. DMEPOS: Footwear and Foot Orthoses, OHIO ADMIN. CODE 5160-10-31 (2024).

Approved by ODM on 2/22/2024

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.