

Orthotics to require prior authorization

Summary

Effective December 1, 2017, orthotics will require prior authorization (PA). PA reviews will be performed primarily on back, knee, ankle and foot orthoses.

What is the impact of this change?

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will require PA for orthotics beginning December 1, 2017. Please refer to the Provider Self-Service tool for detailed authorization requirements. Go to <https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool.

Noncompliance with the new requirements may result in denied claims.

Please use one of the following methods to request PA:

- Web: <https://www.availity.com>
- Fax: **1-888-235-8468**
- Phone: **1-855-878-1785**

Federal and state law, as well as state contract language including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage.

What if I need assistance?

If you have questions about this communication, received it in error or need assistance with any other item, call Provider Services at 1-855-878-1785.