



Medical Assistance BULLETIN

ISSUE DATE February 4, 2026	EFFECTIVE DATE February 4, 2026	NUMBER 01-26-45, 08-26-45, 09-26-45, 10-26-04, 14-26-43, 24-26-45, 25-26-04, 31-26-45
SUBJECT Prior Authorization Guidelines for Lower Extremity Orthoses		BY  Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents>

PURPOSE:

The purpose of this bulletin is to advise providers of the new guidelines for prior authorization and new handbook pages to support the medical necessity of prescriptions for lower extremity orthoses.

SCOPE:

This bulletin applies to physicians, certified registered nurse practitioners, podiatrists, physician assistants, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, Federally Qualified Health Centers, Rural Health Clinics, independent medical surgical clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render lower extremity orthoses services to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, section 443.6(b)(1) of the act

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info>

of June 13, 1967, (P.L. 31, No. 21) (62 P.S. §443.6), referred to as the Human Services Code, requires MA providers to obtain prior authorization for orthoses.

Lower extremity orthoses are external devices applied to the lower limbs to assist with movement, improve stability, and correct deformities. They are commonly used for individuals with conditions such as spinal cord injuries, stroke, or other neuromuscular disorders.

On June 24, 2025, the Department advised providers of the change to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization." There are no MCG guidelines for lower extremity orthoses. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of lower extremity orthoses for MA beneficiaries.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the: attachments for the guidelines for the prior authorization review of lower extremity orthoses. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form at:

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf>, or the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf>.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

ATTACHMENTS:

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.8, Prior Authorization for Lower Extremity Orthoses, Effective February 4, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, PROMISe™ Provider Handbook, Section 7.1.2.6, Prior Authorization for Lower Extremity Orthoses, Effective February 4, 2026.

7.1.2.8 Prior Authorization of Lower Extremity Orthoses

- I. General Requirements for Prior Authorization of Lower Extremity Orthoses
 - A. Prescriptions that Require Prior Authorization
 - B. Documentation for Review
 - C. Review of Documentation for Medical Necessity
 - D. Clinical Review Process
 - E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF LOWER EXTREMITY ORTHOSES**A. Prescriptions that Require Prior Authorization**

All prescriptions for lower extremity (LE) orthoses.

B. Documentation for Review

1. The following information should be submitted with an initial authorization request for LE orthoses:
 - a. Medical diagnoses relevant for LE orthoses.
 - b. X-Ray and/or MRI reports, if appropriate.
 - c. Physical therapy evaluation/assessment, if appropriate.
 - d. Records and/or reports demonstrating the beneficiary's current level of physical function, physical impairment, or disability.
 - e. Active and passive ranges of motion of the affected limb/joint.
 - f. Documentation of other devices and therapies tried and found to be inadequate, ineffective or contraindicated.
2. The following information should be submitted with an initial request for additions to pelvic and thoracic control orthoses, in addition to the information above:
 - a. Documentation showing that the beneficiary has existing pelvic and thoracic control orthoses, and that the pelvic and thoracic control orthoses will be used to improve posture, enhance stability, decrease pain, improve alignment, and/or improve mobility.
3. The following information should be submitted with an initial request for additions to thigh weight bearing - gluteal ischial weight bearing orthoses, in addition to the information above:
 - a. Documentation showing that the beneficiary has existing thigh weight bearing - gluteal ischial weight bearing orthoses, and that the thigh weight bearing - gluteal ischial weight bearing orthoses will be used to assist weight bearing or avoid full weight bearing, improve stability, increase comfort, and/or enhance mobility.
4. The following information should be submitted with an initial request for additions to straight knee or offset knee joint orthoses, in addition to the information above:
 - a. Documentation showing that the beneficiary has an existing straight knee or offset knee joints orthoses, and that the straight knee or offset knee joints

orthoses will be used to improve mobility, enhance functionality of knee orthotics, and/or showing the beneficiary has difficulty manually locking or unlocking the knee joint.

5. The following information should be submitted with an initial request for additions to lower extremity fracture orthoses, in addition to the information above:
 - a. Documentation showing that the beneficiary has existing lower extremity fracture orthoses, and that the lower extremity fracture orthoses will be used to provide additional support, stabilizes affected limb, facilitates alignment, enhances mobility, and/or reduces pain.
6. The following information should be submitted with an initial request for miscellaneous lower limb support orthoses, in addition to the information above:
 - a. Documentation showing that the beneficiary's miscellaneous lower limb support orthoses will be used to provide support, stabilization, protection of a joint, reduce pain, promote healing, and/or maintain alignment.
7. The following information should be submitted with an authorization request for replacement LE orthoses:
 - a. Medical diagnoses relevant for LE orthoses.
 - b. X-Ray and/or MRI reports, if appropriate.
 - c. Physical therapy evaluation/assessment, if appropriate.
 - d. Records and/or reports demonstrating the beneficiary's current level of physical function, physical impairment, or disability.
 - e. Active and passive ranges of motion of the affected limb/joint.
 - f. Documentation of other devices and therapies tried and found to be inadequate, ineffective or contraindicated.
 - g. Documentation showing that the beneficiary has existing LE orthoses, the LE orthoses require repair or replacement of a part, the age of the LE orthoses needing repaired/replaced, the condition of the LE orthoses and the repair needed to maintain the function of the LE orthoses.
 - h. Documentation of the repair(s) cost compared to replacement of the LE orthoses; alternatives considered, e.g. use of alternate supports and/or adjustments.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for a prescription for a LE orthoses, the determination of whether the requested service is medically necessary will consider whether the beneficiary has the following:

1. Diagnosis of:

- a. Inflammatory (rheumatoid/psoriatic) arthritis; or
 - b. Musculoskeletal arthropathic deformities; or
 - c. Neuromuscular impairments (due to central or peripheral nervous system conditions); or
 - d. Vascular conditions (pressure ulcers, peripheral vascular disease, Buerger's disease, etc.); or
 - e. History of trauma, fracture, nerve or muscle injury causing weakness and/or deformity in lower limb; or
 - f. Congenital or developmental conditions in children that cause foot/lower limb deformities; and
2. Physical exam abnormalities e.g. lower limb weakness, decreased range of motion or contracture or deformity; and
 3. Reasonable expectation that the prescribed orthosis will help relieve pain, increase the range of motion of the affected limb/joint, improve the ambulatory function of the recipient and/or stabilize the affected limb/joint.

For requests for authorization of repairs or replacement LE orthoses, in addition to the items 1 through 3 above, whether the LE orthoses are functioning, and if not functioning, whether they cannot be repaired.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for LE orthoses. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Murphy, D.P., Webster, J.B., Lovegreen, W., & Simoncini, A. (2020). *Lower Limb Orthotics*. St. Louis, MO: Elsevier.
2. Rao, S., Riskowski, J.L., & Hannan, M.T. (2012). "Musculoskeletal conditions of the foot and ankle: Assessments and treatment options." *Best Practice & Research: Clinical Rheumatology*, 26(3), 345–368. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC3414868/>
3. Robinson, C., Major, M.J., Kuffel, C., Hines, K., & Cole, P. (2015). "Orthotic management of the neuropathic foot: An interdisciplinary care perspective." *Prosthetics and Orthotics International*, 39(1), 73–81. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25614503/>

4. Shin, M.R., DeGraaff, K., & Morozova, O. (December 21, 2022). “Lower Limb Orthotics/Therapeutic Footwear.” *In Essentials of Rehabilitation Practice and Science, PM&R KnowledgeNow*. Retrieved from https://now.aapmr.org/lower-limb-orthotics-therapeutic-footwear/?utm_source=chatgpt.com
5. Tiwari, M.K. & Tiwari, N. (2022). “Lower Limb Orthotics: An Overview.” *International Journal of Health Sciences and Research*, 12(10), 78. Retrieved from https://www.ijhsr.org/IJHSR_Vol.12_Issue.10_Oct2022/IJHSR10.pdf

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