



Medical Assistance BULLETIN

ISSUE DATE January 15, 2026	EFFECTIVE DATE January 15, 2026	NUMBER 01-26-42, 08-26-42, 09-26-42, 10-26-01, 14-26-42, 24-26-42, 25-26-01, 31-26-42
SUBJECT Prior Authorization Guidelines for Orthopedic Shoes and Boots and Miscellaneous Shoe Additions	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 new handbook pages that include the guidelines for prior authorization to support the medical necessity of prescriptions for orthopedic shoes and boots and miscellaneous shoe additions.

SCOPE:

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, podiatrists, 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 services for orthopedic shoes, boots, and shoe additions 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)(6) of the act of June 13, 1967, (P.L. 31, No. 21) (62 P.S. §443.6), known as the Human Services Code,

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>

requires MA providers to obtain prior authorization for all prescriptions for orthopedic shoes or other supportive devices for the feet.

Orthopedic shoes, boots, and shoe additions are specially constructed footwear to aid in the correction of a deformity of the muscular skeletal structure of the foot, and for the preservation and restoration of the function of the skeletal system of the foot.

On June 24, 2025, the Department advised providers of the change from InterQual 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 orthopedic shoes and boots/miscellaneous shoe additions. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of orthopedic shoes and boots/miscellaneous shoe additions 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 orthopedic shoes and boots and miscellaneous shoe additions. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbooks at:

<https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides>.

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 7.1.2.6, Prior Authorization of Prior Authorization of Orthopedic Shoes and Boots and Miscellaneous Shoe Additions, Effective January 15, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, PROMISe™ Provider Handbook, Section 7.1.2.4, Prior Authorization of Prior Authorization of Orthopedic Shoes and Boots and Miscellaneous Shoe Additions, Effective January 15, 2026.

7.1.2.6 Prior Authorization of Orthopedic Shoes and Boots and Miscellaneous Shoe Additions

- I. General Requirements for Prior Authorization of Orthopedic Shoes and Boots and Miscellaneous Shoe Additions
 - 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
ORTHOPEDIC SHOES AND BOOTS and MISCELLANEOUS SHOE ADDITIONS****A. Prescriptions that Require Prior Authorization**

All prescriptions for orthopedic shoes and boots and miscellaneous shoe additions.

Note: Orthopedic shoes and boots and miscellaneous shoe additions are not covered for beneficiaries 21 years of age and older.

B. Documentation for Review

The following information should be submitted with an authorization request:

1. Diagnoses relevant to requested items, e.g.: foot related amputation, foot ulcerations, foot related deformities, foot related surgery, casting.
2. X-Ray reports, if appropriate.
3. Documentation addressing that the item will be used to reduce pain by restricting mobility, facilitate healing, increase functional capacity, or need to connect to braces.
4. Physical therapy evaluation/assessment, if appropriate.
5. Medical records demonstrating current physical function of the beneficiary, physical impairment, or disability.
6. Documentation of other devices tried and found to be inadequate, ineffective, or contraindicated.
7. If a custom item is prescribed, documentation of why a prefabricated item is inadequate, ineffective, or contraindicated.
8. If replacement requested for growth, updated foot and growth measurements.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for orthopedic shoes and boots and miscellaneous shoe additions, the determination of whether the requested service is medically necessary will consider whether the beneficiary:

1. For prosthetic shoes:
 - a. The shoe is an integral part of a prosthesis for a beneficiary with a partial foot amputation.
2. For orthopedic shoes:
 - a. The shoe is an integral part of a covered leg brace.
 - b. The shoe is medically necessary and needed for the proper functioning of the brace.
3. For other custom shoes, sole replacements, shoe modifications:

- a. The beneficiary has a condition that is associated with significant foot deformity e.g.: neuromuscular disorders, structural deformities, or genetic syndromes causing musculoskeletal weakness.

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 orthopedic shoes and boots and miscellaneous shoe additions. 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 a 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. Reference

Centers for Medicare & Medicaid Services. (November 1, 2023). Orthopedic Footwear – Policy Article (A52481). Retrieved from <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52481>

7.1.2.4 Prior Authorization of Orthopedic Shoes and Boots and Miscellaneous Shoe Additions

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