




Medical Assistance BULLETIN

ISSUE DATE March 30, 2026	EFFECTIVE DATE March 30, 2026	NUMBER 01-26-50, 08-26-51, 09-26-51, 10-26-09, 14-26-45, 24-26-50, 25-26-08, 31-26-51
SUBJECT Prior Authorization Guidelines for Removable, Pre-Molded Arch Supports		BY  Sally A. 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 removable, pre-molded arch supports.

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 removable, pre-molded arch supports 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

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 prior authorization for orthopedic shoes or other supportive devices for the feet.

Prescription removable, pre-molded arch supports are specially constructed additions to footwear that are custom designed to fit inside your shoes and are built from a 3D scan, foam impression, or plaster mold. They are tailored to match the exact contours of your feet and the way you walk, reducing pain, improving alignment, and distributing pressure where needed. These supports are particularly beneficial for individuals with flat feet, high arches, bunions, or those with conditions like plantar fasciitis, heel pain, or diabetic pressure points.

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 removable, pre-molded arch supports to determine medical necessity. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of removable, pre-molded arch supports 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 removable, pre-molded arch supports. 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 7.1.2.13, Prior Authorization of Removable, Pre-Molded Arch Supports, Effective March 30, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, Section 7.1.2.11, Prior Authorization of Removable, Pre-Molded Arch Supports, Effective March 30, 2026.

7.1.2.13 Prior Authorization of Removable, Pre-molded Arch Supports

- I. General Requirements for Prior Authorization of Removable, Pre-molded Arch Supports
 - 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
REMOVABLE, PRE-MOLDED ARCH SUPPORTS****A. Prescriptions that Require Prior Authorization**

All prescriptions for removable, pre-molded arch supports.

B. Documentation for Review

The following information should be submitted with an authorization request for removable, pre-molded arch supports:

1. Diagnoses relevant for a removable, pre-molded arch support.
2. Records and/or reports demonstrating the beneficiary's current physical function, physical impairment, or disability.
3. X-ray or imaging reports, if available.
4. Physical therapy evaluation/assessment, if available.
5. Documentation to support how the removable, pre-molded arch supports will be used to reduce pain, provide alignment, improve comfort, and provide support to arch of foot.
6. Documentation of other devices tried and found to be inadequate, ineffective, or contraindicated.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for removable, pre-molded arch supports, the determination of whether the requested service is medically necessary will consider the following:

1. Clinical documentation that includes a diagnosis related to foot dysfunction, functional limitation, provider's rationale for the removable, pre-molded arch support over other treatment modalities and previous attempts and outcomes; and:
2. Physician evaluation confirming the need for biomechanical support, including:
 - a. Gait analysis demonstrating abnormal foot mechanics; and
 - b. Physical examination findings (e.g., arch collapse, tenderness, callus formation, or deformities); and
3. Whether the beneficiary has documented foot pain, instability, or deformities that interfere with daily activities or mobility, including but not limited to:
 - a. Plantar fasciitis; or
 - b. Pes planus (flat feet); or
 - c. Overpronation; or
 - d. Metatarsalgia; or
 - e. Diabetic foot complications (if structural support is needed to prevent ulcers);
or
 - f. Arthritis (e.g., rheumatoid arthritis, osteoarthritis affecting the feet); and

4. Whether the beneficiary's symptoms persisted despite conservative measures, such as:
 - a. Rest, ice, and elevation; and
 - b. Physical therapy or stretching exercises; and
 - c. Over-the-counter insoles.

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 removable, pre-molded arch supports. 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. References

1. American Orthopaedic Foot & Ankle Society. (2020). Clinical guidelines for foot orthoses and supports. Retrieved from <https://www.aaos.org/quality/quality-programs/clinical-practice-guidelines/>
2. Bus, S. A., Sacco, I. C. N., Monteiro-Soares, M., Raspovic, A., Paton, J., Rasmussen, A., Lavery, L. A., & van Netten, J. J. (2024). "Guidelines on the prevention of foot ulcers in persons with diabetes (IWGDF 2023 update)." *Diabetes/Metabolism Research and Reviews*, 40(3), e3651. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/37302121/>
3. Landorf, K. B., Keenan, A. M., & Herbert, R. D. (2006). "Effectiveness of foot orthoses to treat plantar fasciitis: A randomized trial." *Archives of Internal Medicine*, 166(12), 1305–1310. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/16801514/>
4. National Institute for Health and Care Excellence (NICE). (2022). Biomechanical devices overview for musculoskeletal foot pain. Retrieved from <https://www.nice.org.uk/guidance>

7.1.2.11 Prior Authorization of Removable, Pre-molded Arch Supports

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