

REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Effective Date
Orthotics		PY-1151	10/01/2020-02/28/2022
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

authorization, notification and utilization management guidelines. Medically agreement, and applicable referral,

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VIII. Payment is not available for an orthotic device that is a **duplicate** or conflicts with
regardless of payment or
supply source. Providers are responsible for ascertaining whether duplication or
conflict exists.

E. Conditions of Coverage

Reimbursement is dependent on, 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 - AD

Archived

