

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Lisa Trumbell

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Initial ☐

Public Comment ☒

Final ☐

Brief description of policy:

This policy revises the standards of coverage for lower extremity orthotics.

Reason for policy (problem being addressed):

Standards of coverage indicated in current policy do not fully address the medical criteria that the Michigan Department of Health and Human Services (MDHHS) considers for coverage of lower extremity orthotics. The purpose of this bulletin is to clarify MDHHS coverage criteria.

Budget implication:

☒ budget neutral

☐ will cost MDHHS \$, and (select one) budgeted in current appropriation

☐ will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

☐ controversial (Explain)

☐ acceptable to most/all groups

☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please provide status:		If yes,	
<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	Submission Date:
Date:	Approval	Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 1919-DMEPOS	Date: July 18, 2019

Comments Due: August 22, 2019
Proposed Effective Date: October 1, 2019
Direct Comments To: Lisa Trumbell, DMEPOS Policy Specialist
Address: Program Policy Division/MDHHS/MSA/CCC 7th Floor
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Phone: 517-284-1226 **Fax:** 517-241-8969

Policy Subject: Revised Standards of Coverage for Lower Extremity Orthotics Affected Programs: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS) Distribution: Orthotists, Prosthetists, Durable Medical Equipment Providers, Physicians, Non-Physician Practitioners, Medicaid Health Plans, Integrated Care Organizations (ICOs) Summary: This policy revises the standards of coverage for lower extremity orthotics. Purpose: Standards of coverage indicated in current policy do not fully address the medical criteria that the Michigan Department of Health and Human Services (MDHHS) considers for coverage of lower extremity orthotics. The purpose of this bulletin is to clarify MDHHS coverage criteria. Cost Implications: N/A Potential Hearings & Appeal Issues: No
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State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:
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THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Orthotists, Prosthetists, Durable Medical Equipment Providers, Physicians, Non-Physician Practitioners, Medicaid Health Plans, Integrated Care Organizations (ICOs)

Issued: September 1, 2019 (Proposed)

Subject: Revised Standards of Coverage for Lower Extremity Orthotics

Effective: October 1, 2019 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

The purpose of this bulletin is to notify providers of revisions made to the standards of coverage for lower extremity orthotics. The revisions indicated in this bulletin are effective October 1, 2019.

Standards of Coverage

The Michigan Department of Health and Human Services (MDHHS) covers lower extremity orthotics (including night splints) regardless of diagnosis for the following manifestations:

- Promote healing and/or proper alignment/positioning following injury, procedure (e.g., serial casting), or surgery of the lower extremity.
- Support lower extremities due to muscle weakness or abnormal muscle tone (e.g., high/low/fluctuating tone) of permanent or long-standing duration (six months or longer).
- Support, correct or improve:
 - Biomechanical alignment (e.g., pronation, supination, varus or valgus).
 - Static or dynamic contractures.
 - Congenital or acquired deformities of the lower extremities.

Current policy definition, documentation, prior authorization and payment rules remain unchanged.