

February 25, 2009

Re: Prior authorization for orthotics and durable medical equipment (DME)

To help provide orthotics and DME faster we have clarified prior authorization requirements.

Providers are not required to obtain prior authorization for orthotics or DME when:

- The provider verifies that the claim is open/allowed on the date of service, and
- The orthotic/DME is prescribed by the attending provider (or the surgeon) for an accepted condition on the correct side of the body, and
- The fee schedule prior authorization indicator field is blank.

Prior authorization is required for the following:

- Prosthetics, surgical appliances and other special equipment described in WAC 296-20-03001 Treatment requiring authorization.
- Replacement of specific items on closed claims per WAC 296-20-124 Rejected and closed claims.

How do I verify claim status and accepted condition/side of body?

Suppliers (who are not the attending provider):

- Use the Interactive Voice Response (IVR) line to verify claim status and accepted condition/side of body.
- The IVR line number is 1-800-831-5227.
- For more information about the IVR, go to <http://www.lni.wa.gov/IPUB/248-040-000.pdf>.

Attending providers:

- Use the IVR (see above), OR
- View claim information in the Claim & Account Center.
- For more information about the Claim & Account Center, go to:
<http://www.lni.wa.gov/ORLI/LoGon.asp>.

How do I know if the item requires prior authorization?

The HCPCS fee schedule, effective January 1, 2009, has a PRIOR AUTH column at the far right. The fee schedule is available on the L&I website at:

<http://www.feeschedules.Lni.wa.gov>

Select 2008 Fee Schedules then scroll down and select the HCPCS Fee Schedule for 1/1/09 – 6/30/09.

Where can I get additional information?

For more information, contact the Provider Hotline at 1-800-848-0811 or 360-902-6500 (from Olympia).