

TO: Hospitals- Chief Executive Officer, Independent Clinics,
Physicians and Providers of Prosthetic and Orthotic
Services for Action

Health Maintenance Organizations - For Information

SUBJECT: Prescription Requirements for Covered Prosthetic and
Orthotic Services

EFFECTIVE: Immediately

BACKGROUND: Text adopted at N.J.A.C. 10:55-1.6(a)&(b) changed the
prescription policies for prosthetic and orthotic services.
N.J.A.C. 10:55-1.6 now requires:

- (a) A personally signed and dated order (prescription) by the prescriber for the following:
 - 1. Prosthetic and orthotic appliances;
 - 2. Repair and replacement of parts for custom-made prosthetic and orthotic appliances; and
 - 3. Orthopedic footwear.
- (b) The prescription shall include:
 - 1. The recipient's name, age, address, HSP (Medicaid) Case Number and Patient Person Number;
 - 2. The relevant diagnosis supporting need for custom-made prosthetic and orthotic appliances; and

3. A detailed breakdown of the appliance ordered, written according to the accepted New Jersey prosthetic and orthotic nomenclature as set forth in nomenclature by the American Board for Certification in Orthotics and Prosthetics, Incorporated. A prescription written: "leg brace," "artificial limb," "orthopedic shoes," for example, shall not be acceptable.

ACTION: Prescribers of prosthetics and orthotics are requested to implement this policy immediately. Providers of prosthetic and orthotic services must implement this policy immediately.

NOTE: Prescriptions without the required information may be delayed or result in a denial for prior authorization for a covered service by the New Jersey Medicaid program.

For further information or questions regarding this Newsletter, please contact the Podiatric Consultant, Division of Medical Assistance and Health Services, at (609) 588-2739.

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