




Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

## MassHealth Orthotics Provider Bulletin 7 December 2019

**TO:** Orthotics Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth 

**RE:** **Prior Authorization, Prescription Attestations, and Detailed Written Orders**

### Background

MassHealth adopted amendments to the regulations governing the orthotics program (130 CMR 442.000), effective July 12, 2019. As part of the update, MassHealth retained regulatory language about MassHealth's *MassHealth Prior Authorization Request* form (PA-1) at 130 CMR 442.412(A)(1)(a). Additionally, for orthotic services other than shoes, MassHealth revised the process for how to document prescribing provider orders, adopting a Detailed Written Order (DWO) provision at 130 CMR 442.409. The intent of adopting a DWO policy was to ease administrative burden on orthotic providers and enable an alternative method to obtain prescribing provider orders.

This bulletin clarifies when the PA-1 form is required, and also clarifies when an attestation is required from a prescribing provider. Finally, it provides guidance on how to satisfy the DWO requirement.

### Clarification about the PA-1 Form

The requirement in 130 CMR 442.412 (A)(1)(a) that prior authorization (PA) requests must include a completed *MassHealth Prior Authorization Request* form (the MassHealth PA-1 form) is applicable **only to PA requests submitted on paper**. PA requests submitted via the MassHealth Long Term Services and Supports (LTSS) portal **do not** require a PA-1 Form.

### Guidance and Clarification: Prescription Attestations; Documentation for DWOs for Orthotics Other Than Shoes

This bulletin provides guidance on how prescriptions for orthotics may be documented and when a prescription requires an attestation.

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Orthotics providers must have documentation of the prescribing provider's order (prescription). Orthotics providers can meet this requirement in two ways: through a DWO initiated by the prescribing provider or through a DWO initiated by the orthotics provider.

**A DWO Initiated by the Prescribing Provider**

A DWO initiated by the prescribing provider must be written using one of the following methods.

- on the prescribing provider's prescription pad or letterhead;
- on the hospital's or nursing facility's prescription pad or letterhead, if the member is being discharged from a facility; or
- via electronic prescriptions (escripts) that comply with state and federal requirements.

**A DWO Initiated by the Orthotics Provider**

DWOs initiated by the orthotics provider must be written on the orthotics provider's letterhead or form, and must include the provider's name, address, telephone number, and National Provider Identifier number (NPI).

Additionally, DWOs initiated by an orthotics provider require a prescribing provider's attestation. (See 130 CMR 442.409(B).) Specifically, DWOs initiated by the orthotics provider must include an attestation whereby the prescribing provider *"certifies under pains and penalties of perjury, that he or she is the prescribing provider identified on the DWO; that the medical necessity information on and attached to the DWO is true, accurate, and complete to the best of his/her knowledge, and that the prescribing provider may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact pertaining thereto."*

**Required Documentation for All DWOs**

For orthotics other than shoes, **regardless of whether the DWO is initiated by the prescribing provider or by the orthotics provider**, the DWO documentation and records must contain the following information.

- (a) the member's name and address;
- (b) the member's MassHealth identification number;
- (c) specific identification of the prescribed item, including all options or additional features that will be separately billed;
- (d) the member's diagnosis;
- (e) a statement of medical necessity;
- (f) the prescribing provider's address and telephone number; and
- (g) the signature of the prescribing provider and the date on which the prescribing provider signed the detailed written order. (See 130 CMR 442.409(B)(2)(a)-(g); see also 130 CMR 450.205 (recordkeeping).)

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MassHealth will accept additional assessments/documentation of a MassHealth member's clinical or functional status required to support medical necessity for the orthotic service/device being requested.

**MassHealth Website**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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**Contact Information for MassHealth LTSS Provider Service Center**

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<b>LTSS Provider Portal</b>	Trainings, general information, and future enhancements will be available at <a href="http://www.MassHealthLTSS.com">www.MassHealthLTSS.com</a> .