

Each insurance carrier has different guidelines for durable medical equipment: orthotics & prosthetics that may cause a delay in you receiving your item. In many cases, we are required to obtain prior authorization with various insurance companies, as well as obtain a copy of your physician's notes (medical records). This is in addition to the prescription you bring to our office. If we do not adhere to these guidelines, your device may be denied by your insurance carrier. As a result, we do not order or start fabricating your device until we have been cleared by your insurance carrier to do so. This prevents charges being transferred to the patient. Our turn-around time could be delayed 2-4 weeks and sometimes longer, depending on your physician's response time to supply us with required documentation and your insurance carrier's response time after we request the prior authorization. We cannot request the prior authorization until after we have received the medical records from your physician, so this could potentially delay the process further. The prior authorization department does a medical review and tells us whether or not they deem your item medically necessary. This is why we must have physician's records on file.

We have a dedicated staff member in each office that is responsible for submitting medical records requests and prior authorization requests. We do our best to ensure all of our requests get submitted within 48 hours of the date you are seen.

There are some cases where a prior authorization may be denied and we have to submit an appeal on your behalf to refute the insurance carrier's denial. Appeals can take up to 45 business days, depending on insurance carrier's turn-around times.

Here are a few common insurance carriers and their guidelines.

Medicare and all Medicare replacement policies:

- A prescription from your physician (which you typically bring with you to your appointment)
- A detailed prescription (this is a form we send to your physician that includes our procedure codes for your device. Your physician's signature is required on this document)
- Medical records from your physician for the past 6 months

Anthem:

- A prescription from your physician (which you typically bring with you to your appointment)
- A letter of medical necessity
- Medical records from your physician for the past 6 months
- In some cases, a prior authorization is required

Medicaid:

- A prescription from your physician (which you typically bring with you to your appointment)
- Medical records for the past 6 months
- Always require a prior authorization, unless it's traditional Medicaid (not Anthem, MDWise, HIP or MHS)
- If you have MDWise, they may require that the patient attends at least 6 physical therapy sessions before a brace can be considered. If you have already begun physical therapy, please make sure our office is aware of this and we know who you are seeing for therapy.

Given that every patient that is seen requires additional documentation and potential prior approval, we do not regularly call patients with the status of their documentation. We typically only contact patients when their assistance is needed or if there is a problem or denial. If you wish to know the status of your documentation, we'd be more than happy to discuss this with you if you'd like to call. To ensure we can provide you with the most up-to-date information, we ask that you allow us one week from the date you are seen to make a follow-up call to us. Once your item is approved, we automatically order it or begin the fabrication. We will contact you once the device is complete to schedule a time for you to receive it.

If your contact information has changed, please provide us with your updated information as soon as possible.

Thank you for choosing Prevail Prosthetics & Orthotics

1-800-745-3295

Fort Wayne – Bria ext. 356 Indianapolis – Katie ext. 351 Muncie & Anderson – Alex 1-765-374-0496
Back-up for all offices: Joni ext. 302