1. Purpose
The purpose of this policy is to establish the criteria for the medical necessity of orthotic management and training.

2. Definitions
Orthotic management and training is direct one-on-one patient contact in the assessment, fitting and/or training in the use of orthotics. These procedures are timed services and should be reported for each 15 minute time period performed.

3. Statement of Policy
3.1. The determination of medical necessity for the performance of orthotic management and training is always made on a case-by-case basis.

3.2. A follow-up visit involving orthotic management and training may be considered medically necessary for retraining, refitting or orthotic adjustment purposes.

4. References
4.1. Scientific:
The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding orthotics training and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


### 4.2. Related Triad Medical Policies:

5. Attachments

5.1. Provider Manual

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual review. §3.2. text changed from “a follow-up visit involving orthotic management and training may be medically necessary for retraining, refitting or orthotic adjustment purposes” to “a follow-up visit involving orthotic management and training may be considered medically necessary for retraining, refitting or orthotic adjustment purposes.” Text below Table of Revisions added.</td>
</tr>
<tr>
<td>09/25/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s medical policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.