



Steps for Pre-Authorization of a Richie Brace®

1. On the back of the patient's insurance card, there is a phone number for "Pre-Authorization." (This can be to pre-authorize a diagnostic test, surgery, DME product, etc.) If there isn't a specific number that says "Pre-Authorization," call the general Member Services number on the back of the card.
2. You will select or request a Durable Medical Equipment item pre-authorized for a patient. They will ask the caller for the NPI number for the clinic they are calling from, address, phone number, patient/client's ID number for the insurance, the patient name, and date of birth. At this point, they will have the policy coverage information pulled up on their screen.
3. Have the diagnosis ICD-10 and brace codes ready. They will occasionally ask a series of questions such as, "Does the patient have pain and for how long? More or less than 2 months? Have you tried any other treatment?" Be prepared to answer these questions.
4. At this point, depending on each individual's insurance coverage, they may indicate, "Yes, we cover that brace code and here is what we pay..." or "No, that is not a covered item." They might indicate it would have been covered if the patient also had radiating pain or a history of falling.

There will be times when we aren't sure "what" they are looking for and will learn the hard way; after the call. If they ask, "Has the patient experienced foot pain for more than 3 consecutive months?", I would venture to guess if I had said "no," they will not be covered. They sometimes give us the answer in how they ask the question.

They may cut it short and just say they don't cover that brace code. However, since it is a custom AFO, quite often they do cover it. They might cover it but not provide any pre-authorization number. In the case of them telling you they "have coverage," write down the person's name so you are able to contact them again if the claim is not paid.