

# Excellus Blue Choice and Orthotics Denials

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## September 09, 2022

Recently, there has been an issue with Excellus BC/BS with the coverage of orthotics (HCPCS L3000). The problem is specifically for patients enrolled in their Medicaid Managed Care plan (known as the Blue Choice Option where the patient's ID number starts with **VYT**). As long as authorization is obtained with the Managed Care plan, Excellus follows NYS Medicaid guidelines for the coverage of orthotics, which allows **two (2)** pairs of orthotics to be covered per patient per year, whether they are from the same or different provider (when billing HCPCS code L3000). Even with providers following the guidelines outlined by Blue Cross, there have been cases where orthotics have been denied for frequency of service incorrectly. When calling customer service and disputing the denial, even if their records show that a patient has not exceeded the two pairs that they are allowed, the claim will not be sent back for an adjustment and will need to be appealed.

In the event that a claim is denied, an appeal should be sent promptly with the following documentation to have a denial overturned:

- ⇒ A completed clinical editing review request form ([Clinical Editing Review Request Form \(excellusbcbs.com\)](#))
- ⇒ All relevant supporting documentation from the patient's chart
- ⇒ Copy of Excellus administrative policy AP-41 ([AP 41 - DMEPOS for Government and Special Programs \(excellusbcbs.com\)](#))
- ⇒ Copy of the NYS Medicaid MD Manual citing frequency limitations for orthotics (relevant sections from the manual for the appeal are pps. 7-10 & 160) ([DURABLE MEDICAL EQUIPMENT, PROSTHETIC, ORTHOTIC, AND SUPPLY MANUAL POLICY](#))