

TOC not required

BLR

212.600

Orthotic Appliances and Prosthetic Devices, All Ages

8-1-2410-1-
26

- A. The Arkansas Medicaid Program covers orthotic appliances and prosthetic devices for beneficiaries under age twenty-one (21) in the Child Health Services (EPSDT) Program. Providers of orthotic appliances and prosthetic devices may be reimbursed by the Arkansas Medicaid Program when the items are prescribed by a physician and documented as medically necessary for beneficiaries under age twenty-one (21) participating in the Child Health Services (EPSDT) Program.
1. No prior authorization is required to obtain these services for beneficiaries under age twenty-one (21).
 2. No benefit limits apply to orthotic appliances and prosthetic devices for beneficiaries under age twenty-one (21).
- B. Arkansas Medicaid covers orthotic appliances for beneficiaries age twenty-one (21) and over. The following provisions must be met before services may be provided.
1. Prior authorization is required for orthotic appliances valued at or above the Medicaid maximum allowable reimbursement rate of \$500.00 per item. Prior authorization may be requested by submitting form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components* to DHS or its designated vendor. [View or print form DMS-679A and instructions for completion.](#) [View or print contact information for how to submit the request.](#)
 2. A benefit limit of \$3,000 per state fiscal year (SFY; July 1 through June 30) has been established for reimbursement for orthotic appliances. No extension of benefits will be granted.
- The following restrictions apply to the coverage of orthotic appliances.:
- a. Orthotic appliances may not be replaced for twelve (12) months from the date of purchase. If a beneficiary's condition warrants a modification or replacement and the \$3,000.00 SFY benefit limit has not been met, the provider may submit documentation to DHS or its designated vendor, to substantiate medical necessity. [View or print contact information for how to submit the request.](#)
 - b. Custom-molded orthotic appliances are not covered for a diagnosis of carpal tunnel syndrome prior to surgery.
- C. Arkansas Medicaid covers prosthetic devices for beneficiaries age twenty-one (21) and over; however, the following provisions must be met before services may be provided.
1. Prior authorization will be required for prosthetic device items valued at or in excess of the \$1,000.00 per item Medicaid maximum allowable reimbursement rate. Prior authorization may be requested by submitting form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components* to DHS or its designated vendor. [View or print form DMS-679A and instructions for completion.](#) [View or print contact information for how to submit the request.](#)
 2. A benefit limit of \$60,000 per SFY has been established for reimbursement for prosthetic devices. No extension of benefits will be granted.
 3. The following restrictions apply to coverage of prosthetic devices:
 - a. Prosthetic devices may be replaced only after five years have elapsed from their date of purchase. If the beneficiary's condition warrants a modification or replacement, and the \$60,000 per SFY benefit limit has not been met, the provider may submit documentation to DHS or its designated vendor to substantiate medical necessity. [View or print contact information for how](#)

[to submit the request.](#)

- b. Myoelectric prosthetic devices may be purchased only when needed to replace myoelectric devices received by beneficiaries who were under age twenty-one (21) when they received the original device.
- D. The forms, listed below, are available for evaluating the need of beneficiaries age twenty-one (21) and over for orthotic appliances and prosthetic devices, and prescribing the needed appliances and equipment. The Medicaid Program does not require providers to use the forms, but the information the forms are designed to collect is required by Medicaid to process requests for prior authorization of orthotic appliances and prosthetic devices.

The appropriate forms (or the required information in a different format) must accompany the form DMS-679A. [View or print DMS-679A titled Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components and instructions for completion.](#)

The forms and their titles are as follows:

- 1. DMS-647 Gait Analysis: Full Body. [View or print form DMS-647.](#)
- 2. DMS-648 Upper-Limb Prosthetic Evaluation. [View or print form DMS-648.](#)
- 3. DMS-649 Upper-Limb Prosthetic Prescription. [View or print form DMS-649.](#)
- 4. DMS-650 Lower-Limb Prosthetic Evaluation. [View or print form DMS-650.](#)
- 5. DMS-651 Lower-Limb Prosthetic Prescription. [View or print form DMS-651.](#)

- E. [Providers of orthotic appliances may be reimbursed for diabetic shoes or shoe inserts when prescribed by a beneficiary's provider who has prescribing authority and if it is within his or her scope of practice. The need for diabetic shoes or shoe inserts must be documented as medically necessary.](#)

State of Arkansas

As Engrossed: S3/18/25

95th General Assembly

A Bill

Regular Session, 2025

HOUSE BILL 1167

By: Representative L. Johnson

By: Senator Irvin

For An Act To Be Entitled

AN ACT TO MODIFY THE SIGNATURE AUTHORITY FOR ADVANCED
PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS;
TO CLARIFY THAT DURABLE MEDICAL EQUIPMENT INCLUDES
DIABETIC SHOES AND SHOE INSERTS; AND FOR OTHER
PURPOSES.

Subtitle

TO MODIFY THE SIGNATURE AUTHORITY FOR
ADVANCED PRACTICE REGISTERED NURSES AND
PHYSICIAN ASSISTANTS; AND TO CLARIFY
THAT DURABLE MEDICAL EQUIPMENT INCLUDES
DIABETIC SHOES AND SHOE INSERTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 17-80-120(a), concerning the signature
authority for advanced practice registered nurses and physician assistants,
is amended to read as follows:

(a) When a provision of law or rule requires a signature,
certification, stamp, verification, affidavit, or endorsement by a physician,
the requirement may be fulfilled by an advanced practice registered nurse or
a physician assistant in any of the following circumstances:

(1) Certification of disability for patients to receive disabled
parking permits or placards from the Office of Motor Vehicle; or

(2) Signature for:

(A) Sports physicals to authorize student athletes to
participate in athletic activities;



- 1 (B) Physicals for bus drivers;
2 (C) Forms relating to do-not-resuscitate orders;
3 (D) Forms excusing a potential jury member due to an
4 illness;
5 (E) Death certificates;
6 (F) Workers' compensation forms;
7 (G) Forms relating to absenteeism for employment or school
8 purposes; or
9 (H) Authorizations for durable medical equipment,
10 including without limitation orthotics, prosthethics, and diabetic shoes or
11 shoe inserts that are designed to reduce the risk of skin breakdown in
12 patients with diabetes and existing foot disease and to relieve pressure to
13 prevent diabetic foot ulcers.

14
15 /s/L. Johnson
16
17

18 **APPROVED: 4/3/25**
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36