

Updates to Prior Authorization

Dear Valued Customer,

We are pleased to share an important update regarding the Medicare Prior Authorization List.

What's Happening:

CMS has announced that three Spinal Orthoses codes (**L0456, L0457, and L0486**) and one Knee Orthosis code (**L1833**) will require Prior Authorization nationwide for claims with a date of service on or after October 28, 2026.

Additionally, CMS has announced that Prior Authorization will be required for two upper extremity orthoses codes (**L3761 and L3916**), to be implemented in three phases :

Table 1.1

Phase	New Prior Auth Effective Date	What States
<i>Phase 1</i>	On or after October 28, 2026	California, Florida, New York, Michigan
<i>Phase 2</i>	On or after January 26, 2027	Arkansas, Georgia, Illinois, Ohio, Massachusetts, Oregon, Pennsylvania, and Texas
<i>Phase 3</i>	On or after April 26, 2027	ALL Remaining States

Prior Auth Updates:

Table 1.2

HCPC	Category	New Prior Auth Effective Date	What States
<i>L0456</i>	Spine	On or After October 28, 2026	ALL
<i>L0457</i>	Spine	On or After October 28, 2026	ALL
<i>L1833</i>	Knee	On or After October 28, 2026	ALL
<i>L3761</i>	Upper Extremity: Elbow	<i>Phases ,Dates, and States are reflecected in Table 1.1</i>	
<i>L3961</i>	Upper Extremity: Wrist	<i>Phases ,Dates, and States are reflecected in Table 1.1</i>	

This brings the total number of O&P codes requiring Prior Authorization to twenty-seven. You can view the [complete Prior Authorization](#) list [HERE](#)

What It Means to You:

Suppliers must obtain prior authorization before delivering these items. Without an approved prior authorization request on file, the claim will be automatically denied.

Next Steps:

We encourage your team to review and align on the new CMS Prior Authorization updates.

If you have questions about how this policy change affects your practice or product selection, please reach out to your Thuasne representative.

