



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Required Information for Customized Durable Medical Equipment (DME) Providers

Providers who wish to enroll as DME vendors must complete and submit the CSHCN Services Program Provider Enrollment form. Providers who wish to enroll with CSHCN Services Program as customized DME vendors must submit the following documentation with the Provider Enrollment form:

1. Evidence of having current certification from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as an assistive technology supplier (ATS) and/or assistive technology practitioner (ATP).

-OR-

2. Three separate letters of recommendation from practicing occupational therapists or physical therapists serving a pediatric population. These letters must include the name, address, and phone number of the recommending therapist, place of therapist's employment, and number of years the therapist has worked with the specific custom DME applicant in providing custom DME. CSHCN Services Program requires that the letter of recommendation be made by a physical or occupational therapist not employed by the applicant nor receiving any form of compensation for the letter of recommendation.

Please provide the requested information to the Texas Medicaid and Healthcare Partnership (TMHP) Provider Enrollment Department at the below address or by fax to 1-512-514-4214. All pages on which signatures are required cannot be faxed and must be mailed to:

Texas Medicaid and Healthcare Partnership
Provider Enrollment
P.O. Box 200795
Austin, TX 78720-0795

