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8.1 Enrollment

To enroll in the CSHCN Program, DME providers must be actively enrolled in the Texas Medicaid Program, have a valid CSHCN Provider Agreement, have completed the CSHCN enrollment process, and comply with all applicable state laws and requirements.

DME providers must adhere to the following program requirements concerning the products and services they provide:

• Provide new—and not used, reconditioned, or damaged equipment or parts.
• Ensure that clients are measured and equipment is assembled and fitted by knowledgeable staff.
• Request authorization or prior authorization for equipment based on the recommendations, preferably written, of the client, physician, therapist and vendor team whenever possible.
• Ensure that equipment is delivered with all accessories, by staff experienced in the fitting of DME, directly to the person specified in the delivery instructions. The parent, client, or guardian must sign a CSHCN Documentation of Receipt for DME Equipment form at the time of delivery—not at any other time—and only when the item, with all accessories, meets the satisfaction of the parent, client, or guardian.
• Provide instruction to the family, client, or guardian about the proper use and maintenance of the equipment.
• Provide free inspection, adjustments, and maintenance between the fourth and the fifth months after delivery of a power chair.
• Lend a medically appropriate item to the client, at no charge to the client, if the prescribing physician determines immediate need from the time the authorization is received by the vendor and until the prescribed item is delivered.
• Do not purchase accessories, inserts, or other positioning devices shop-built by a vendor unless specifically approved by CSHCN medical review staff after review of medical justification submitted from the prescribing physician or occupational or physical therapist. Detailed cost justification is also required.
• Never reclaim an item delivered to a CSHCN client when the Documentation of Receipt for DME Equipment form has been signed by the parent, client, or guardian, even if CSHCN denies vendor payment due to the vendor’s failure to comply with claims processing deadlines.
• Use objective occupational therapists and/or physical therapists to perform the wheelchair/equipment evaluations and to make equipment recommendations for CSHCN clients. For example, therapists are not hired or paid by the DME provider or DME company to perform these evaluations.

Any evidence of noncompliance with items above may be grounds for removal of the provider from the CSHCN provider list or other sanctions as agreed upon by the medical reviewers.

CSHCN maintains a list of manufacturers whose products may be authorized for reimbursement for custom DME products. Only products manufactured by the companies on this list may be reimbursed by CSHCN. DSHS-CSHCN staff update this list. The list of approved manufacturers is located on page 8-4 and updates are published in the CSHCN Provider Bulletin.

8.2 Reimbursement

DME is reimbursed at a specified discounted percentage off the manufacturer’s suggested retail price (MSRP) or according to a maximum allowable fee schedule. The discounted price includes provider costs. The reimbursement rates for the rental or purchase of DME and supplies are as follows:

• Noncustomized. The lower of the billed amount or the amount allowable by the Centers for Medicare & Medicaid Services (CMS), if available, or the Texas Medicaid Program
• Customized, nonpowered equipment. The lower of the billed amount or the MSRP less 18 percent
• Power wheelchairs. The lower of the billed amount or the MSRP less 15 percent
• Other. When no MSRP is published, the lower of the billed amount or the dealer’s cost plus 25 percent
• Delayed delivery penalty. A claim submitted for customized DME delivered to the client more than 75 days after the authorization date shall be reduced by 10 percent
• **Repairs and modifications.** If the item was purchased by the program or is currently owned by the client through another source, but is a CSHCN-approved item (e.g., hospital bed, stander, or wheelchair), it may be authorized. All manufacturers’ warranties must be upheld. Repairs and modifications are reimbursed at retail price of the part minus 18 percent plus labor time. Use procedure code E1340, Repair for DME, per 15 min, when requesting authorization and/or claim submission.

• **Shipping and Handling charges.** CSHCN does not reimburse for shipping and handling or freight charges, except when power equipment must be sent to a location other than to the vendor for repair. The provider is required to provide the appropriate HCPCS codes when requesting authorization and when submitting claims. The provider must agree to accept CSHCN’s reimbursement as payment in full. Requests for customized manual and power wheelchairs must include a complete description of the specific base, any attached seating system components and any attached accessories not included in the base price, as well as the retail prices for the individual components, including justification for components that would be considered part of the wheelchair.

Any piece of DME that exceeds $1000 requires documentation that a less expensive alternative does not exist; or if one does exist, documentation must be submitted that clearly states why any less expensive alternatives do not meet the client’s needs. Occasionally, equipment under $1000 may require similar documentation when specifically requested by CSHCN.

Providers must have a client or the client’s representative complete the Documentation of Receipt for Durable Medical Equipment (DME) on page C-36, when the equipment is delivered. The date of delivery on the form is the date of service that should appear on the claim. The provider should retain this form; do not submit it with the claim.

Providers must maintain a copy of this form in their files for the life of the piece of equipment or until the equipment is authorized for replacement.

**Exception:** For specialized individual needs, and when approved by medical review, specific noncovered items may be authorized when medically justified. CSHCN and the provider negotiate the reimbursement amount at the time of authorization.

CSHCN authorizes portable ramps through this DME policy. Portable ramp is defined as a ramp not physically attached to the dwelling that may be moved, and that meets standards as set by the Americans with Disabilities Act (ADA). This does not include permanent ramps or home modifications, nor does it include vehicle modifications.

### 8.3 Benefits and Limitations

CSHCN may reimburse medically necessary and appropriate DME. DME is considered equipment that can withstand repeated use; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness, injury, or disability; and is appropriate for use in the home or community setting. The item must be prescribed by a licensed physician, must be covered by CSHCN, and may require authorization or prior authorization. Requests for authorization or prior authorization must be submitted in writing. Requests for equipment that require prior authorization must be complete and received before the requested date of service. Written requests for prior authorization are required for custom, manual, or power wheelchairs and their seating systems, pediatric hospital cribs and their tops, and other specified DME. CSHCN may reimburse both custom and noncustom DME.

**Note:** Fax transmittal confirmations are not accepted as proof of timely authorization submission.

CSHCN considers requests for coverage for the following types of DME and services:

- **Rehab equipment.** Purchase, rental, modification, and/or repair of such items as ambulation aids, wheelchairs (manual and power), standers, hospital beds, hygiene equipment, etc.

- **Miscellaneous equipment.** Items such as transcutaneous electric nerve stimulator (TENS), hydrocol-lator and paraffin units, and special needs car seats.

**Refer to:** The Authorization Request for Durable Medical Equipment (DME) on page C-28.

Specific procedure or diagnosis codes related to program benefits and coverage may be listed in sections that follow. These listings are intended to provide helpful information, but should not be considered all-inclusive. From time to time, codes are added, deleted, or revised. Coverage and coding information is updated in the CSHCN Provider Bulletin. Call the TMHP-CSHCN Contact Center at 1-800-568-2413 with questions regarding covered procedure or diagnosis codes.
8.4 Covered DME — Custom

Custom DME is medical equipment made or modified specifically to address the individual client’s needs. After issue of customized equipment, the equipment becomes the client’s possession. The following are custom DME that may be covered under the CSHCN Program:

- Custom fitted wheelchairs (manual and power) and positioning components
- Scooters
- Standers (prone and supine)
- Gait trainers
- Special needs strollers
- Special needs car seats
- Travel chair
- Portable wheelchair ramps

8.4.1 Custom DME Manufacturer Approval

The following is the CSHCN criteria for approval of custom DME manufacturers. The manufacturer must produce a quality line of equipment as evidenced by the following:

- The manufacturer, through guarantees or warranties, must substantiate the products’ quality and durability.
- The manufacturer must have been in the business of manufacturing custom DME for five consecutive years or longer and demonstrate the company’s stability and reliability in manufacturing this specialized equipment.
- The manufacturer must show evidence of positive results from quality analysis and safety tests of their equipment.
- The manufacturer must have community-based resources available for service and repair of their equipment.
- DSHS-CSHCN research with medical and rehabilitation personnel must result in consensus to recommend the manufacturer’s products.

CSHCN enrolls custom and noncustom DME providers. Custom DME providers can provide both custom and noncustom equipment. Noncustom DME providers can provide only noncustom DME.

8.4.2 Custom DME Approved Manufacturers

CSHCN may consider for authorization or prior authorization and/or claims submission, DME custom products produced by the following manufacturers:

<table>
<thead>
<tr>
<th>Manufacturers</th>
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<tbody>
<tr>
<td>Activeaid</td>
<td>Kees Goebel Temper Foam®</td>
</tr>
<tr>
<td>Adaptive Engineering Lab</td>
<td>Kuschall® (Everest &amp; Jennings)</td>
</tr>
<tr>
<td>Alimed Tempered Foam Cushions Medical</td>
<td>Matrix Seating (Invacare)</td>
</tr>
<tr>
<td>Altimate Medical</td>
<td>MEYRA Wilhelm Meyer GmbH &amp; Co Kg</td>
</tr>
<tr>
<td>Anthros Medical</td>
<td>Mobility Plus</td>
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<tr>
<td>Bodypoint Designs</td>
<td>Motion Concepts (Invacare)</td>
</tr>
<tr>
<td>Britax</td>
<td>Mulholland Positions Systems</td>
</tr>
<tr>
<td>Cascade Designs, Inc.</td>
<td>Optiway Technology, Inc.</td>
</tr>
<tr>
<td>Colours in Motion, Inc.</td>
<td>Otto Bock®</td>
</tr>
<tr>
<td>Columbia Medical Manufacturing</td>
<td>Permobile, Inc.</td>
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</table>
According to CSHCN policy, each manufacturer must comply with criteria for approval to ensure that CSHCN clients receive equipment that is of high quality. CSHCN considers adding manufacturers to the list when individual CSHCN clients need custom DME from manufacturers not listed in the table above. Only submit requests for manufacturer approval when required to meet the needs of an individual client.

CSHCN reimburses for DME at specified discounted percentages off the manufacturer’s suggested retail price (MSRP) or according to a maximum allowable fee schedule. CSHCN requires that a manufacturer’s published price sheet, a pricing spreadsheet, or other documentation be sent with the price quote at the time the authorization or prior authorization is submitted. If a price change occurs after authorization, the provider must submit new documentation that includes the pricing change so that differences between authorization pricing and claim pricing may be reconciled.

### 8.4.3 Custom DME Requirements

Providers who wish to enroll with CSHCN as customized DME providers must complete each of the following:

- CSHCN Provider Enrollment Application (available upon request from TMHP).
- 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
- Three separate letters of recommendation from practicing occupational therapists or physical therapists serving a pediatric population. These letters must include the name, address, and telephone 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 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.

### Manufacturers

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<th>Manufacturers</th>
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<tr>
<td>Convaid, Inc.</td>
<td>Prairie View Industries, Inc.</td>
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<tr>
<td>Crown Therapeutics (Roho)</td>
<td>Prairie Seating Corporation</td>
</tr>
<tr>
<td>Danmar Products, Inc.</td>
<td>Pride Mobility Products Corp.</td>
</tr>
<tr>
<td>Embracing Concepts, Inc.</td>
<td>Prime Engineering, Inc.</td>
</tr>
<tr>
<td>Etac®</td>
<td>Quantum (Pride Mobility Products Corp.)</td>
</tr>
<tr>
<td>Everest and Jennings (a.k.a. G F Health Products, Inc., d.b.a. Graham Fields)</td>
<td>RehabiliTech (Acquired by Sunrise Medical)</td>
</tr>
<tr>
<td>EZ-Access Modular Ramp Systems</td>
<td>Rifton Equipment</td>
</tr>
<tr>
<td>EZ International</td>
<td>Sammons Preston Rolyan</td>
</tr>
<tr>
<td>EZ-On Products, Inc.</td>
<td>Snug Seat, Inc.</td>
</tr>
<tr>
<td>Freedom Designs, Inc.</td>
<td>Stealth Products, Inc.</td>
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<tr>
<td>Guardian Products (Sunrise Medical)</td>
<td>Sunrise Medical</td>
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<tr>
<td>Gunnell, Inc.</td>
<td>Supracor</td>
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<tr>
<td>Handi-Ramp</td>
<td>TherAdept Products, Inc.</td>
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<tr>
<td>Hoyer Lifts</td>
<td>TiLite</td>
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<tr>
<td>Invacare</td>
<td>Tumbleform2® (Sammons Preston Rolyan)</td>
</tr>
<tr>
<td>Jay Products</td>
<td>Varilite Manufacturer</td>
</tr>
<tr>
<td>Kaye Products, Inc.</td>
<td>Whitmyer Biomechanix (Acquired by Sunrise Medical)</td>
</tr>
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</table>
Send the completed documentation to:

Texas Medicaid & Health Partnership
ATTN: Provider Enrollment
P.O. Box 200795
Austin, TX 78720-0795
1-800-291-3734

Additional information and provider enrollment forms are available at the TMHP website: www.provider.tmhp.com.

8.4.3.1 Special Needs Car Seats and Travel Restraints
CSHCN may reimburse for special needs car seats when medically necessary and appropriate. Services and equipment are provided through a network of trained providers and must be authorized. CSHCN may reimburse for travel restraints for the transportation of children with special positioning requirements.

CSHCN reimburses special needs car seats and travel restraints using the same methodology as custom manual rehabilitation equipment. In filing claims for car seats and travel restraints, follow the same procedures as for customized equipment.

8.4.3.2 Car Seats
All children must be transported as safely as possible. Children with breathing disorders, neuromuscular deficits, or other health care needs may require the use of special needs car seats or travel restraints.

Providers providing special needs car seats must be CSHCN Program-approved custom DME providers and have received approved training from the manufacturer of the product requested. Comprehensive training must include correct use of car seats for children with special health care needs, and the proper installation of top tethers. Providers must demonstrate proficiency in the installation of the top tethers during this training.

8.4.3.3 Documentation for Authorization of Car Seats
Requests for authorization of special needs car seats must include the following written documentation:

• A photocopy of the training certification of the person installing the car seat must accompany each request for authorization for CSHCN payment. Authorizations are not provided to a provider until training is completed and the CSHCN claims contractor receives a copy of the training certificate with each car seat authorization requested.

• Providers must provide the name of the person installing the car seat on the CSHCN Durable Medical Equipment Authorization Request Form or documentation must accompany this form indicating that the top tether was factory installed by the vehicle’s manufacturer prior to vehicle purchase.

• Installation of the top tether is essential for proper use of the car seat and must be provided by the provider. Providers may not bill CSHCN for the installation of the top tether.

• Providers providing the service must keep a statement signed and dated by the child’s parent or guardian and the provider stating:
  • A top tether was installed by a manufacturer trained provider in the automobile used to transport the child;
  • Parent training in the correct use of the car seat was provided by a manufacturer-trained provider; and
  • Parent received instruction and demonstrated the correct use of the car seat to a manufacturer-trained provider.

Careful consideration should be given to the manufacturer’s weight limitation when fitting the child for a car seat and should reflect allowances for at least 12 months of anticipated growth.

CSHCN considers replacement after seven years (normal useful life) or if a car is involved in an accident. (Snug Seat, Inc. replaces car seats at no cost following an accident if a police report from the accident is provided.)
Car seat accessories, available from the manufacturers for correct positioning, may be authorized when medically necessary. Only car seat modifications/accessories crash tested with the car seat and provided by the manufacturer of the car seat may be authorized. Use procedure code E1399 to bill car seats.

8.4.3.4 Travel Restraints
CSHCN may reimburse E-Z-ON modified Model 101 M2 vest for family vehicles for children whose medical condition requires them to be transported in a supine position. Requests for authorization of a travel restraint must document the medical necessity of transporting the child in a supine position. Use E0700 with modifier NU to bill travel restraints.

8.5 Covered DME — Noncustom
Noncustom DME is medical equipment that can be obtained from a store or a mail order company and does not require adaptation or modification for the client’s use. Noncustom DME consists of:

- Standard wheelchairs
- Ambulation aids
- Transfer boards
- Adaptive feeder seats
- Feeding equipment (parenteral and enteral)
- Hospital beds
- Hygiene equipment
- Hospital cribs/enclosed beds
- TENS units
- Glucose monitors
- Portable paraffin units and portable hydrocollator units

8.6 Wheelchairs
CSHCN may authorize/prior authorize custom, manual or power wheelchair and/or a seating system/modifications. CSHCN does not pay for wheelchairs for children who are residents of state nursing facilities or intermediate care facilities for the mentally retarded (ICF-MR). This is the responsibility of the facility licensed to care for the child.

8.6.1 Wheelchair Assessment Forms
CSHCN requires an assessment by a physical or occupational therapist (not employed by the DME provider requesting prior authorization) for custom, manual or power wheelchair, and/or a seating system/modification. Assessments are also required when an existing seating system is modified. CSHCN-approved custom DME providers are required to submit these assessments with their requests for the wheelchairs. Therapists must use the Wheelchair Seating Evaluation Form located on page C-31.

8.6.2 Manual Wheelchairs
Manual wheelchairs may be either noncustom or custom DME depending on whether it is modified or in any way customized to the individual client’s needs. CSHCN may pay for a manual wheelchair when medically necessary for any nonambulatory client enrolled in CSHCN. The physician or therapist is responsible for documentation indicating nonfunctional ambulation or situations where ambulation is contraindicated, or when ambulation is not adequate for independently accessing the community.
Eligible clients may receive a manual wheelchair in addition to a powered wheelchair or travel chair. The manual chair is purchased as a backup; therefore, cost and accessories should be minimal. Aside from having a manual wheelchair backup for a powered wheelchair, CSHCN does not authorize purchase of more than one form of mobility equipment per eligible client.

No more than one manual wheelchair may be authorized in a three-year period without documentation of medical necessity for a second or replacement wheelchair. If the wheelchair is stolen or damaged in an accident, a police report is required to justify replacement if within three years of receipt.

Rental must be considered for short-term needs when the total cost is expected to be less than the purchase price. If public funds were used for payment of a wheelchair within the last three years, specific justification is required to authorize a new chair.

If an immediate need for a wheelchair is indicated in the seating assessment form and CSHCN approved a wheelchair, rehabilitation DME providers are required to provide a loaner wheelchair free of charge.

### 8.6.3 Power Wheelchairs

Model specific power wheelchairs, including scooters, must be prior authorized. Eligible children may receive, or already have a manual wheelchair or travel chair, in addition to the power wheelchair. If public funds were used for payment of a power wheelchair within the last five years, specific justification, including a police report if the wheelchair was stolen or damaged in an accident, is required to give authorization for a new power wheelchair.

#### 8.6.3.1 Approval Criteria for Power Wheelchairs

**Age**

Power wheelchairs can be approved for clients who are 18 months to 21 years of age, as the normal child is walking and exploring by age 18 months to two years. CSHCN supports providing powered chairs to match normal developmental milestones.

**Level of Physical Function**

The child must have control of some body part to operate a powered wheelchair. Their level of function must be defined by one of the following:

- Unable to self propel a manual wheelchair, even if adapted
- Self propulsion is possible, but activity is extremely labored leaving the child exhausted at necessary destination, such as classroom or school bathroom
- Self-propulsion is possible, but contrary to treatment regimen. Examples include joint protection/energy conservation and preservation of cardiovascular or respiratory function.

**Cognitive Level**

The child must be able to receive and follow directions related to driving/controlling the chair in a safe manner.

**Home Assessment**

The therapist assessing the client is required to ask pertinent questions found on the Wheelchair Seating Evaluation Form to ensure safe use and selection of the appropriate powered wheelchair. CSHCN requires that an assessment by a physical or occupational therapist, not employed by the requesting DME provider, be submitted with the prior authorization request for a custom wheelchair and/or seating system.

Refer to: The Wheelchair Seating Evaluation Form on page C-31.

### 8.6.4 Wheelchair Positioning Equipment

Wheelchair positioning equipment includes but is not limited to tilt in space options, solid backs and seats, abductors, cushions, and footrests. The equipment may be covered based on the individual child’s seating/positioning needs as detailed in the Wheelchair Seating Evaluation Form.
8.6.5 Wheelchair Ramps

CSHCN authorizes only portable ramps. Portable ramps may be defined as a ramp not physically attached to the dwelling, that may be moved (disassembly may be required, e.g., in the case of a modular ramp), and it should meet standards as set by the ADA.

Portable ramps for home use may be authorized if there is a documented need. CSHCN authorizes requests for ramps only to allow access to two entrances to the client’s home. Once two accessible entrances are provided, the client/family is not expected to require another ramp/replacement ramp. Requests for replacement require medical review and documentation of need including an explanation of what happened to the previous ramp.

The ramp is expected to go with the client if he or she changes residential locations. CSHCN does not replace portable ramps due to the client’s relocation. Ramps may require modification to fit a different dwelling if the client moves and CSHCN pays for these required modifications rather than purchasing a replacement ramp.

8.7 Travel Chairs

Travel chairs may be either custom or noncustom DME depending on whether they are in any way customized to the individual client’s needs. Travel chairs are generally lighter weight than noncustom manual wheelchairs, and are designed for ease of pushing the chair by an attendant/caretaker rather than self-propelled. Travel chairs have little flexibility for customization.

Using the same guidelines as for manual wheelchairs, travel chairs may be prior authorized for clients who are unable to self propel a manual wheelchair, and who are not appropriate for a powered wheelchair due to cognitive issues, inaccessibility of the home, type of diagnoses, or level of physical function.

8.8 Adaptive Strollers

Adaptive strollers may be either custom or noncustom DME depending on whether they are in any way customized to the individual client’s needs.

Adaptive strollers are mobility devices that resemble regular strollers purchased for healthy infants and toddlers. Adaptive strollers have a limited range of accessories that allow some positioning for clients with minor postural problems. Adaptive strollers may be authorized only when medically necessary and when the following conditions are met:

- The stroller has a firm back and seat, or insert
- A stroller (rather than a wheelchair) is specifically recommended by the licensed therapist completing the wheelchair evaluation
- The requested stroller meets all recommendations made in the wheelchair evaluation
- The client is not expected to develop motor skills necessary for self propulsion and is not expected to need a travel chair or wheelchair within two years of the request date, or the client is expected to be ambulatory within one year of the request date

Requests for clients older than two years of age must meet the above criteria, and in addition, there must be medical documentation of the reason for a stroller versus a wheelchair. Medical documentation should indicate that a client’s particular condition, stature, and need for positioning allow adequate support from a stroller (completion of the wheelchair evaluation serves as medical documentation).

8.9 Ambulation Aids

8.9.1 Crutches, Walkers, Gait/Ambulation Belts, and Canes

Ambulation aids may be either custom or noncustom DME depending on whether they are in any way customized to the individual client’s needs.

Crutches, walkers, gait/ambulation belts, and canes may be authorized for any condition resulting in limited functional ambulation. The provider is required to submit authorization requests and claims with the appropriate HCPCS code. These items cannot be considered for rental.
8.9.1.1 Gait Trainers (Supported or Sling Walkers)
Gait trainers may be either custom or noncustom DME depending on whether they are in any way customized to the individual client’s needs.

The purpose of the gait trainer is to begin weight bearing (important for bone health and muscle strength) and preambulation activities. Supports are built into the equipment that can be removed gradually as ambulation development occurs. The gait trainer should be needed at home and not just in school or the therapy clinic. CSHCN does not cover equipment for use solely in schools or clinics.

The provider must address the following:
• Client’s condition, functional level, height, and weight
• Is the client expected to be ambulatory and if so, when
• The time, frequency, and location where the gait trainer is used
• The length of time the gait trainer is expected to be needed (should be a minimum of six months)
• The plan for training the school and home caregivers in the correct and safe use of the equipment

Additional medical necessity is required when a gait trainer is requested for a child who has a standing frame/table.

8.9.2 Standers, Prone or Supine
Prone or supine standers may be authorized for clients with diagnoses such as cerebral palsy, spina bifida, paraplegia, or other conditions resulting in paralysis of both lower extremities, when prescribed by a practitioner licensed to do so. The medical condition must indicate the need for a standing program that must specifically be provided in the home environment. Many clients receive standing programs at school. The home standing program should coordinate with the school plan.

CSHCN provided standers are for use only in the client’s home environment; schools and therapy providers must provide their own equipment for standing programs in settings outside the client’s home. The equipment provided for home use does not have to be identical to the equipment used in the school setting where they have to accommodate a variety of changing postural issues and where they require more heavy-duty equipment due to increased use and wear and tear on the equipment. DME providers supplying standers must be enrolled as custom DME providers.

The following documentation should be included with an authorization request:
• Client’s condition, functional level, height and weight
• Frequency and amount of time of client’s standing program (e.g., 45 minutes, three times daily)
• The anticipated medical benefits expected from the stander
• Name of the therapist coordinating school and home standing programs or monitoring the home standing program
• Plan for training the school and home caregivers in the correct and safe use of the equipment

8.9.3 Transfer Boards
Transfer boards may be approved for any covered condition that results in paralysis or significant weakness of both lower extremities. This item cannot be considered for rental.

8.10 Hygiene Equipment
Hygiene equipment may be either custom or noncustom DME depending on whether they are in any way customized to the individual client’s needs.

Hygiene equipment should be rented if for short-term use and if it is more cost effective. Documentation of anticipated independence with the equipment is required for rental and purchase. Additionally, equipment may be authorized for clients who are nonambulatory to assist the parents and enhance safety in the care of clients with spina bifida, cerebral palsy, and other paralytic conditions. Examples of hygiene equipment include:
• Bath seats/chairs*
• Tub rails (not wall mounted)
Durable Medical Equipment (DME)

- Manual/hydraulic bathtub lifts
- Commode/potty chairs
- Hygiene adaptations (e.g., raised toilet seats)
- Patient lifts

* Bath chairs may be purchased for clients who are older than 1 year of age or who weigh more than 30 pounds. Bath chairs may be a covered benefit for clients when the medical condition indicates the need for support when bathing.

The following documentation should be included with an authorization request:
- Client’s height, weight, and age
- Client’s condition and functional level
- Anticipated amount of time the client will need the equipment

8.11 Adaptive Feeder Seats
Adaptive feeder seats may be authorized for any condition resulting in postural insecurity, including cerebral palsy and spina bifida.

8.12 Hospital Beds (Manual and Electric)
Hospital beds (manual and electric) and/or accessories may be purchased for the long term care of clients whose conditions have progressed to the point that they are severely neurologically and/or orthopedically limited, and so on. Documentation should include diagnosis, age of client, height and weight of client, and limitation of the caretaker. All requests require medical review for the purchase of electric hospital beds.

Hospital beds (manual and electric) with accessories may be rented if the need is short term (not to exceed six months). The anticipated rental cost must be less than the purchase price.

Examples of short term needs include:
- Post surgery
- Client’s life expectancy is very limited (six months or less), as certified by the prescribing physician

Electric hospital beds may be purchased (long-term use) or rented (short-term use) if the client meets at least one of the following conditions:
- The client is able to assist with his or her personal care and can physically operate the controls
- The caretaker is physically limited and cannot crank a manual bed
- The caretaker must be able to adjust the bed quickly to assist with client’s personal care

The following HCPCS codes must be used for authorization and claims payment:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0250</td>
<td>Hosp bed fixed ht w/ mattress</td>
<td>E0290</td>
<td>Hosp bed fx ht w/o rails w/m</td>
</tr>
<tr>
<td>E0251</td>
<td>Hosp bed fixed ht w/o mattres</td>
<td>E0291</td>
<td>Hosp bed fx ht w/o rail w/o</td>
</tr>
<tr>
<td>E0255</td>
<td>Hospital bed var ht w/ matt</td>
<td>E0292</td>
<td>Hosp bed var ht w/o rail w/o</td>
</tr>
<tr>
<td>E0256</td>
<td>Hospital be var ht w/o matt</td>
<td>E0293</td>
<td>Hosp bed var ht w/o rail w/</td>
</tr>
<tr>
<td>E0260</td>
<td>Hosp bed semi-electr w/ matt</td>
<td>E0294</td>
<td>Hosp bed semi-electr w/ matt</td>
</tr>
<tr>
<td>E0261</td>
<td>Hosp bed semi-electr w/o mat</td>
<td>E0295</td>
<td>Hosp bed semi-electr w/o matt</td>
</tr>
<tr>
<td>E0265</td>
<td>Hosp bed total electr w/ mat</td>
<td>E0296</td>
<td>Hosp bed total elect w/ mat</td>
</tr>
<tr>
<td>E0266</td>
<td>Hosp bed total elec w/o mat</td>
<td>E0297</td>
<td>Hosp bed total elect w/o mat</td>
</tr>
<tr>
<td>E0270</td>
<td>Hospital bed institutional t</td>
<td>E0298</td>
<td>Heavy duty/xtra wide hosp bed</td>
</tr>
<tr>
<td>E0271</td>
<td>Mattress innerspring</td>
<td>E0305</td>
<td>Rails bed side half length</td>
</tr>
<tr>
<td>E0272</td>
<td>Mattress foam rubber</td>
<td>E0310</td>
<td>Rails bed side full length</td>
</tr>
</tbody>
</table>
8.13 Hospital Cribs

CSHCN covers hospital cribs/enclosed beds, if documentation supporting medical necessity/appropriateness is submitted with the request for prior authorization. Requests for cribs/enclosed beds must be prior authorized and are referred for medical review. Providers must use procedure code E1399, Durable medical equipment, mi, when submitting requests for prior authorization and for claim submission.

Documentation indicating strictly a behavioral control need is not authorized. A diagnosis alone, without documentation of medical necessity and functional skills, is insufficient information to approve a hospital crib or enclosed bed.

Documentation must include:

- Client’s diagnosis, medical needs, developmental level, and functional skills.
- Age, length/height, and weight of client.
- Description of any other less-restrictive devices previously used, the length of time used, and why they were ineffective.
- Description of why a regular child’s crib, regular bed, or standard hospital bed cannot be used.
- Name of manufacturer and the manufacturer’s retail price.

The protective crib top/bubble top may also be prior authorized based on the criteria previously listed. Requests must be made to CSHCN using the Authorization Request for Durable Medical Equipment (DME) located on page C-28.

8.14 TENS Units

Transcutaneous Electric Nerve Stimulator (TENS) units may be authorized for rental or purchase for the management of pain when prescribed by a physician. Medical review is required. Replacement electrodes may be authorized as a supply item if a TENS unit was previously purchased by CSHCN. Reimbursement is at Medicare allowable rates.

Documentation of a home program developed and monitored by an occupational or physical therapist or the client’s physician must be submitted with the authorization request. No more than one TENS unit may be authorized in a two-year period without documentation of medical necessity for the second unit.

8.15 Portable Paraffin Units and Portable Hydrocollator Units

Portable paraffin units and portable hydrocollator units may be authorized for clients with juvenile rheumatoid arthritis or similar conditions resulting in decreased range of motion and joint pain. Documentation of a home program developed and monitored by an occupational or physical therapist or the client’s physician must be submitted with the authorization request. Only one portable paraffin unit or portable hydrocollator unit may be authorized in a two-year period without documentation of medical necessity for the second unit.

8.16 Glucose Monitors

Glucose monitors may be authorized for clients with Type 1 or Type 2 diabetes mellitus. Documentation must include documentation of the client’s/caretaker’s training in the proper use of the glucose monitor, and review of safe blood glucose level readings with instructions of glucose levels that should be reported to the physician. Use the Authorization Request for Durable Medical Equipment (DME) on page C-28. Only one glucose monitor may be authorized per two years without justification of medical necessity for a second glucose monitor. If a blood glucose monitor with features beyond the basic model is preferred, the client’s parent or guardian must pay the difference in the cost. To submit claims or requests for authorization, use procedure code E0607, Blood glucose monitor home.

See Chapter 9, "Expendable Medical Supplies," for information related to other supplies pertaining to blood glucose testing.
8.17 Blood Pressure Devices

CSHCN may cover the purchase of blood pressure devices for home use when the equipment is prescribed by a physician for one of the following diagnoses:

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>401–4019</td>
<td>Essential Hypertension</td>
</tr>
<tr>
<td>40200–40291</td>
<td>Hypertensive heart disease</td>
</tr>
<tr>
<td>40300–40391</td>
<td>Hypertensive renal disease</td>
</tr>
<tr>
<td>40400–40493</td>
<td>Hypertensive heart and renal disease</td>
</tr>
<tr>
<td>40500–40599</td>
<td>Secondary hypertension</td>
</tr>
<tr>
<td>41411</td>
<td>Other forms of chronic ischemic heart disease; aneurysm of heart, aneurysm of coronary vessels</td>
</tr>
<tr>
<td>4150–41519</td>
<td>Acute pulmonary heart disease</td>
</tr>
<tr>
<td>4160–4169</td>
<td>Chronic pulmonary heart disease</td>
</tr>
<tr>
<td>4240–4243</td>
<td>Other diseases of the endocardium</td>
</tr>
<tr>
<td>42490–42499</td>
<td>Endocarditis, valve unspecified</td>
</tr>
<tr>
<td>4250</td>
<td>Cardiomyopathy; endomyocardial fibrosis</td>
</tr>
<tr>
<td>4251</td>
<td>Cardiomyopathy; hypertrophic obstructive cardiomyopathy</td>
</tr>
<tr>
<td>4253</td>
<td>Cardiomyopathy; endocardial fibroelastosis</td>
</tr>
<tr>
<td>4254</td>
<td>Cardiomyopathy; other primary cardiomyopathies</td>
</tr>
<tr>
<td>4260–4269</td>
<td>Conduction disorders</td>
</tr>
<tr>
<td>4270–42732</td>
<td>Cardiac dysrhythmias</td>
</tr>
<tr>
<td>42781</td>
<td>Other specified cardiac dysrhythmia; sinoatrial node dysfunction</td>
</tr>
<tr>
<td>4280–4289</td>
<td>Heart failure</td>
</tr>
<tr>
<td>580–591</td>
<td>Nephritis, nephrotic syndrome and nephrosis; other diseases of the urinary system</td>
</tr>
<tr>
<td>59371–59373</td>
<td>Other disorders of kidney and ureter; vesicoureteral reflux</td>
</tr>
<tr>
<td>7450–7457</td>
<td>Bulbus cordis anomalies and anomalies of cardiac septal closure</td>
</tr>
</tbody>
</table>

Requests for diagnoses other than those listed here and/or for electronic blood pressure devices for clients over 12 months of age require authorization and documentation of medical necessity. Providers must maintain documentation to support medical necessity in the medical record. To submit claims for blood pressure devices, use procedure code A4660 or A4670.

An electronic blood pressure device may be rented, not purchased, for home use for clients less than 12 months of age with these diagnoses. To submit claims for electronic blood pressure devices, use procedure code E1399, Durable medical equipment mi. Procedure code E1399 is used for electronic bp rental only. Each procedure code in the following table is payable for each diagnosis code in the previous table:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4660</td>
<td>Sphyg/bp app w cuff and stet</td>
<td>E1399</td>
<td>Durable medical equipment mi</td>
</tr>
<tr>
<td>A4670</td>
<td>Automatic bp monitor, dial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8.18 Burn Care Garments
CSHCN may pay for burn care products for program-eligible clients. The burn must be second or third degree with hypertrophic scarring and the garment must be specific to the location of the burn. Burn care management garments may also be reimbursed for other conditions (i.e., large hemangiomas or lymphangiomas), with documentation from the physician regarding medical necessity. Use procedure codes A6501–A6512 when submitting claims for services.

8.19 Gastrostomy Devices
CSHCN may reimburse for low profile gastrostomy devices (gastrostomy buttons) for clients with diagnosis V4410, when prescribed by a physician.
Authorization for low profile gastrostomy devices is not required. Providers must submit documentation supporting medical necessity with the claim or the above diagnosis, if applicable.

8.19.1 Nonobturated Gastrostomy Devices
Nonobturated gastrostomy kits may be reimbursed to physicians, pharmacies, medical suppliers, and home health agencies. Two devices may be reimbursed per year, per client. Additional devices may be reimbursed if documentation submitted with the claim indicates medical necessity.

8.19.2 Obturated Gastrostomy Devices
Obturated gastrostomy devices may be reimbursed only to physicians. Two devices may be reimbursed per year, per client. Additional devices may be reimbursed if documentation submitted with the claim indicates medical necessity.

8.20 Noncovered Rehabilitation and Therapeutic DME
Noncovered rehabilitation and therapeutic DME includes, but is not limited to:
• Adaptive furniture, bolsters, and wedges
• Continuous passive motion (CPM) equipment
• Corner chairs and floor sitters
• Creepers
• Electrical stimulation (ES) and electrical stimulation functional (FES) units
• Home modifications, including ramps (except portable ramps for wheelchairs)
• Parallel bars
• Powered equipment (with the exception of powered wheelchairs and electric beds)
• Pressure relief beds
• Vehicle modifications
• Vocational, educational, and recreational equipment, even when adapted
Other miscellaneous DME may be authorized based on review of documentation of medical necessity. This documentation must be submitted with an authorization request.
For specialized individual needs, and when approved by medical review, specific noncovered items may be authorized when medically justified. The discounted amount is negotiated between CSHCN and the provider.

8.21 Modifier Requirements
Use one of the following modifiers for DME procedures:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>Rental (DME)</td>
</tr>
<tr>
<td>NU</td>
<td>New equipment</td>
</tr>
</tbody>
</table>
8.22 Claims Information

DME services must be submitted to TMHP-CSHCN in an approved electronic format or on the HCFA-1500 claim form. Providers may purchase HCFA-1500 claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing an HCFA-1500 claim form, all pertinent information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

Instructions for proper claims completion are provided on page C-2. Blocks that are not referenced are not required for processing by TMHP and may be left blank.