Orthotics and Prosthetics

21.1 Enrollment ........................................ 21-2
21.2 Reimbursement ..................................... 21-2
21.3 Benefits and Limitations ......................... 21-2
21.4 Authorization Requirements ....................... 21-3
21.5 Orthotics and Prosthetics ......................... 21-3
   21.5.1 Orthotics ..................................... 21-3
      21.5.1.1 Noncovered Orthotics ................. 21-4
   21.5.2 Cranial Molding Devices ................... 21-4
      21.5.2.1 Authorization Requirements .......... 21-5
      21.5.2.2 Reimbursement ......................... 21-5
   21.5.3 Protective Helmets .......................... 21-5
   21.5.4 Prosthetics .................................. 21-5
   21.5.5 Eye Prostheses .............................. 21-6
   21.5.6 Prescription Shoes and Lifts .............. 21-6
      21.5.6.1 Noncovered Shoes/Shoe Inserts ....... 21-6
      21.5.6.2 Authorization Requirements .......... 21-7
      21.5.6.3 Reimbursement ......................... 21-7
21.6 Claims Information ................................ 21-7
21.7 TMHP-CSHCN Services Program Contact Center .... 21-7
Chapter 21

21.1 Enrollment

To enroll in the CSHCN Services Program, an orthotics and prosthetics provider must be actively enrolled in the Texas Medicaid Program as a durable medical equipment (DME) provider, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state orthotics and prosthetics providers must meet all of these conditions, and be located in the United States, within 50 miles of the Texas state border, and approved by the Department of State Health Services (DSHS).

Important: CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and the Texas Medicaid Program.

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 25 of the Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in Title 1 of the TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1617(a)(6)(A) for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 25 TAC §38.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to, at all times, deliver health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his/her profession, as well as those required by the CSHCN Services Program and the Texas Medicaid Program.

Refer to: Section 3.1, “Provider Enrollment,” on page 3-2 for more detailed information about CSHCN Services Program provider enrollment procedures.

21.2 Reimbursement

Orthotics and prosthetics services may be reimbursed at the lower of the billed amount or the amount allowed by the Centers for Medicare & Medicaid Services (CMS), when available, or the Texas Medicaid Program. A completed and signed “CSHCN Services Program Documentation of Receipt” form must be kept on file. A copy of this form is found on page B-38 (English) and B-39 (Spanish).

21.3 Benefits and Limitations

The CSHCN Services Program may provide coverage for orthotics and prosthetics when medically necessary. Items must be prescribed by a licensed physician or podiatrist (for conditions below the ankle) and supplied by an orthotist or prosthetist who meets CSHCN Services Program enrollment criteria. Noncustom commercial products may be supplied through a physician’s office. Extremity splints and inhibitive casting may be provided by occupational therapists (OTs) or physical therapists (PTs) as appropriate.

Training in the use of an orthotic or prosthetic device for a client who has not worn one previously, has not worn one for a prolonged time period, or is receiving a different type may be reimbursed when provided by a licensed PT or OT. Therapy for the purpose of training a client in the use of an orthotic or prosthetic device will be approved for up to five times a week for one month; then three times a week for two months. Additional requests require documentation of medical necessity.

Specific procedure or diagnosis codes related to program benefits 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. Benefit and coding information is updated in the CSHCN Services Program Provider Bulletin.
21.4 Authorization Requirements

Requests for authorization must be in writing on the “CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME)” form with all procedure codes included. A copy of this form is provided in Appendix B, “CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME),” on page B-7. Modifications of orthotic and prosthetic systems, due to growth or a change in medical status, may be authorized. Repairs required due to normal wear may be authorized. Additional information may be requested to determine if repairs and modifications are cost effective.

Medical justification is required for replacement of orthoses, if less than six months from the receipt of the initial system, and for prostheses, if less than one year from receipt of the initial system.

Replacement of an orthotic or prosthetic device is considered when loss or irreparable damage has occurred due to a traumatic event such as a vehicle accident, a residential fire, theft, etc. A copy of the police or fire report is required when appropriate.

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

21.5 Orthotics and Prosthetics

The list of orthotics and covered diagnosis codes on the following page are examples of services that the CSHCN Services Program reviews for authorization.

21.5.1 Orthotics

<table>
<thead>
<tr>
<th>Orthotics</th>
<th>Covered Diagnosis and Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle foot orthotics (AFO), plastic or metal</td>
<td>Foot anomalies, cerebral palsy, hemiplegia, spina bifida, club foot, arthrogryposis, and arthropathy associated with extremity conditions</td>
</tr>
</tbody>
</table>
| Dynamic splints                          | Case-by-case basis using the following criteria to be submitted by the physician:  
  • The client’s condition to be treated with the dynamic splint.  
  • The client’s current course of therapy to date, for the condition to be treated.  
  • The rationale for the use of the dynamic splint at this time, including:  
    a. Quality of care considerations such as improved outcome.  
  • The likelihood that the family/client will comply with the use of the dynamic splint. |
| Foot orthotics                           | Foot anomalies, tibial torsion, club foot, varus deformities of feet, cerebral palsy, spina bifida, arthrogryposis, and arthritic conditions. Medical justification is needed for valgus deformity of the feet. |
| Hip knee ankle foot orthotics (HKAFO) and knee ankle foot orthotics (KAFO) | Spina bifida, cerebral palsy, paraplegia, late effects of cerebrovascular accident (CVA), spinal cord lesions, arthrogryposis, club foot, varus deformities of feet, genu varus and genu valgus if due to growth deformity, and arthropathy associated with hematological disorder |
| Hip orthotics (HO)                       | Dislocated hip, cerebral palsy, spina bifida, and congenital deformities of the hip. |
| Inhibitive casting                       | Cerebral palsy or any central nervous system deficit resulting in increased muscle tone in the extremities |
| Knee orthotics (KO), knee immobilizer   | Arthropathy associated with hematological disorders related to lower extremity conditions |
| Protective helmets                       | Neoplasms of the brain, subarachnoid hemorrhage, subdural hemorrhage, hemophilia, epilepsy (if not well controlled), and cerebral palsy (severe) |
### 21.5.1.1 Noncovered Orthotics

The following procedure codes are not benefits of the CSHCN Services Program:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Covered Diagnosis and Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-L3001 - 9-L3003</td>
<td>Orthotics</td>
</tr>
<tr>
<td>9-L3010 - 9-L3020</td>
<td>Orthotics</td>
</tr>
<tr>
<td>9-L3030 - 9-L3040</td>
<td>Orthotics</td>
</tr>
<tr>
<td>9-L3050 - 9-L3060</td>
<td>Orthotics</td>
</tr>
</tbody>
</table>

#### 21.5.2 Cranial Molding Devices

The CSHCN Services Program may reimburse for severe nonsynostotic deformational plagiocephaly with documentation supporting the use of the cranial molding device to modify or prevent an associated functional impairment. The CSHCN Services Program defines severe plagiocephaly as physical findings of abnormalities throughout the cranium, including significant asymmetries to the forehead, ears, and facial features such as the eye, cheek, or jaw. Objective anthropometric data should support the severity of the clinical findings. The CSHCN Services Program may also reimburse for use of these devices after surgery for cranial deformities, including craniosynostosis. Cranial molding devices may only be approved for children 3 to 18 months of age. The CSHCN Services Program does not cover cranial molding devices when used as a treatment for nonsynostotic deformational plagiocephaly, without associated functional impairment, because it is a benign condition for which treatment is considered cosmetic and not medically necessary. The definition for cosmetic as it applies to this policy, is surgery or other services primarily to improve appearance and not to restore or correct significant deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic process.
Muscular torticollis, characterized by tight or shortened neck muscles that result in a head tilt or turn, is often associated with the secondary development of positional plagiocephaly. Therefore clients with positional plagiocephaly and muscular torticollis, must have documentation of early, aggressive treatment (stretching, positioning and/ or physiotherapy) prior to consideration of prior authorization for cranial orthosis.

21.5.2.1 Authorization Requirements
Cranial molding devices must be prior authorized for reimbursement through the CSHCN Services Program with documentation supporting medical necessity and appropriateness. Written documentation must include:

1) Child’s diagnosis and age
2) The recommendations of the appropriate pediatric subspecialty, craniofacial team (the team must include a pediatric neurosurgeon or craniofacial surgeon), or pediatric neurosurgeon
3) The determining factors used in recommendation of treatment
4) Any alternative treatment courses that have been tried
5) Plan of treatment and/ or follow-up schedule

21.5.2.2 Reimbursement
Cranial molding devices may be reimbursed using procedure code 9-S1040.

21.5.3 Protective Helmets
Protective helmets used for conditions such as neoplasm of the brain, subarachnoid hemorrhage, epilepsy, or cerebral palsy may be reimbursed by the CSHCN Services Program. These require authorization, and the following procedure codes:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-A8000</td>
</tr>
<tr>
<td>9-A8004</td>
</tr>
</tbody>
</table>

21.5.4 Prosthetics
The following are examples of prosthetics and diagnosis codes that the CSHCN Services Program reviews for authorization:

<table>
<thead>
<tr>
<th>Prosthetics</th>
<th>Covered Diagnosis and Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above knee</td>
<td></td>
</tr>
<tr>
<td>Ankle</td>
<td></td>
</tr>
<tr>
<td>Below knee</td>
<td></td>
</tr>
<tr>
<td>Hemipelvectomy</td>
<td>Congenital absence, surgical revision or traumatic</td>
</tr>
<tr>
<td>Hip disarticulation</td>
<td>amputation of lower extremity or hip</td>
</tr>
<tr>
<td>Immediate post surgical</td>
<td></td>
</tr>
<tr>
<td>Partial foot/ foot</td>
<td></td>
</tr>
<tr>
<td>Preparatory/ temporary prosthesis</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 21

21.5.5  Eye Prostheses

Eye prostheses may be authorized when prescribed by the treating physician, and when there is documentation of medical necessity and appropriateness.

There are no specific time limitations on replacement of eye prostheses. A child’s eye socket may change size at variable times because of differences in bone growth rate and soft tissue change.

21.5.6  Prescription Shoes and Lifts

The CSHCN Services Program may authorize prescription shoes (corrective/orthopedic shoes) for eligible clients when prescribed by a licensed physician or podiatrist. An approved orthotist may supply shoes. For consideration of coverage, corrective shoes must be one of the following:

- Permanently attached to a brace.
- Custom modified by an orthotist or orthotist/prosthetist at the direction of the prescribing physician.
- Necessary to hold surgical correction or casting (does not have to be attached to a brace); may be authorized up to one year post procedure.
- Documented by physician as to specific medical rationale.

Note: Lifts for unequal leg length greater than ½ inch are a benefit with documentation of medical need. Medical justification is required if the primary diagnosis is one of the following:

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75460</td>
<td>Congenital talipes valgus</td>
</tr>
<tr>
<td>75461</td>
<td>Congenital pes planus</td>
</tr>
<tr>
<td>75462</td>
<td>Talipes calcaneovalgus</td>
</tr>
<tr>
<td>75469</td>
<td>Other congenital valgus deformities of feet</td>
</tr>
</tbody>
</table>

Prescription shoes are limited to one pair every three months. Two pairs may be purchased at the same time, but they cannot be replaced until after six months.

21.5.6.1  Noncovered Shoes/ Shoe Inserts

The following items are not benefits of the CSHCN Services Program:

- Noncorrective shoes, including tennis shoes, even if prescribed by a physician and worn with a removable brace.
- Shoe inserts (other than UCB type) when not part of a modified shoe or when shoes are not attached to a brace.
21.5.6.2 Authorization Requirements
Authorization requests for payment of prescription shoes must be submitted on the "CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME)" form. A copy of this form is provided on page B-7. A completed and signed "CSHCN Services Program Documentation of Receipt" form must be kept on file. A copy of this form is found on page B-39 (English) and B-39 (Spanish).

21.5.6.3 Reimbursement
Prescription shoes and lifts are billed using Healthcare Common Procedure Coding System (HCPCS) procedure codes. Prescription shoes may be reimbursed at the lower of the billed amount or the amount allowed by CMS, when available, or the Texas Medicaid Program.

21.6 Claims Information
Orthotic and prosthetic services must be submitted to TMHP in an approved electronic format or on the CMS-1500 claim form. Providers may purchase CMS-1500 claim forms from the vendor of their choice. TMHP does not supply the forms.
When completing a CMS-1500 claim form, all required information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.
Refer to: Chapter 33, “TMHP Electronic Data Interchange (EDI),” on page 33-1, for information about electronic claims submissions.
Chapter 5, "Reimbursement and Claims Filing," on page 5-1, for general information about claims filing.
Chapter 5, "CMS-1500 Claim Form Instructions," on page 5-19, for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

21.7 TMHP-CSHCN Services Program Contact Center
The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday, from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.