Orthotic and Prosthetic Devices

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27.1 Enrollment

To enroll in the CSHCN Services Program, an orthotics and prosthetics provider must be actively enrolled in Texas Medicaid 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 by enrolling as an individual or as a group of performing providers, and comply with all applicable state laws and requirements. The CSHCN Services Program does not enroll orthotists and prosthetists as facilities. 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 Texas Medicaid.

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 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 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 or to their facilities. 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(6) 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 deliver, at all times, 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 Texas Medicaid.

Refer to: Section 2.1, “Provider Enrollment,” on page 2-2 for more detailed information about CSHCN Services Program provider enrollment procedures.

27.2 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program may provide coverage for orthotic and prosthetic services 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 1 month; then three times a week for 2 months. Additional request forms require documentation of medical necessity.

27.2.1 General 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-30. 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.

Authorization with medical justification is required for replacement of orthoses, if less than 6 months from the receipt of the initial system, and for prostheses, if less than 1 year from receipt of the initial permanent system.
Preparatory or temporary prostheses may be replaced in less than 12 months of receipt, but should go
to medical review if the permanent prosthesis is requested less than 6 months after provision of the
preparatory or temporary prosthesis.

Replacement of an orthotic or prosthetic device is considered when loss or irreparable damage has
occurred due to a traumatic event (e.g., vehicle accident, a residential fire, theft, etc.). A copy of the
police or fire report is required, when appropriate, along with the measures to be taken to prevent a
repeat of similar loss.

27.2.2 Orthoses

The following orthoses may be reimbursed:

<table>
<thead>
<tr>
<th>Orthoses</th>
<th>Covered Diagnosis and Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle-foot orthoses (AFO), plastic or metal</td>
<td>Foot anomalies, cerebral palsy, hemiplegia, spina bifida, club foot, arthrogryposis, and arthropathy associated with extremity conditions</td>
</tr>
<tr>
<td>Dynamic splints</td>
<td>Traumatic brain injury (TBI), cerebral palsy, paraplegia, late effects of cerebrovascular accident (CVA), spinal cord lesions, or other diagnosis resulting in contracture of the upper or lower extremity.</td>
</tr>
<tr>
<td>Foot orthoses</td>
<td>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</td>
</tr>
<tr>
<td>Hip-knee-ankle-foot orthoses (HKAFO) and knee-ankle-foot orthoses (KAFO)</td>
<td>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</td>
</tr>
<tr>
<td>Hip orthoses (HO)</td>
<td>Dislocated hip, cerebral palsy, spina bifida, and congenital deformities of the hip</td>
</tr>
<tr>
<td>Inhibitive casting</td>
<td>Cerebral palsy or any central nervous system deficit resulting in increased muscle tone in the extremities</td>
</tr>
<tr>
<td>Knee orthoses (KO), knee immobilizer</td>
<td>Arthropathy associated with hematological disorders related to lower extremity conditions</td>
</tr>
<tr>
<td>Protective helmets</td>
<td>Neoplasms of the brain, subarachnoid hemorrhage, subdural hemorrhage, hemophilia, epilepsy (if not well controlled), and cerebral palsy (severe)</td>
</tr>
<tr>
<td>Spinal orthoses (SO), collars, corsets, and body jackets (TLSO, LSO, and LLSO)</td>
<td>Scoliosis, spinal injuries, paraplegia, kyphosis, neurofibromatosis, cerebral palsy, spina bifida, and spinal tumor</td>
</tr>
<tr>
<td>Thoracic-hip-knee-ankle-orthoses (THKAO), parapodium, and swivel walker</td>
<td>Spina bifida, spinal injuries, spinal tumor, cerebral palsy, and paraplegia</td>
</tr>
<tr>
<td>Upper extremity orthoses, shoulder, elbow, wrist, hand, finger, and mobile arm support</td>
<td>Cerebral palsy, spinal cord injury, brachial plexus lesions, nerve lesions, paralysis, juvenile rheumatoid arthritis, and reduction deformities</td>
</tr>
</tbody>
</table>
27.3 Dynamic Splints
The CSHCN Services Program may authorize use of dynamic splints for eligible clients when prescribed by a licensed physician for a trial period of 3 months or purchase for long-term use.

27.3.1 Authorization Requirements
Dynamic splints will be considered for authorization on a case-by-case basis using the following criteria to be submitted by the treating therapist:
- The condition to be treated with the dynamic splint.
- The most recent course of therapy, to date, for the condition indicated.
- The rationale for the use of the dynamic splint at this time.
- The therapy treatment plan related to the dynamic splint.

Authorization requests for dynamic splints 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-30.

Refer to: Section 4.2, “Authorizations,” on page 4-3 for detailed information about authorization requirements.

27.3.2 Reciprocating Gait Orthoses (RGOs)
The CSHCN Services Program may authorize RGOs for eligible clients when prescribed by a licensed physician. An approved orthotist supplies the RGO.

27.3.2.1 Authorization Requirements
Authorization requests for RGO 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-30.

Refer to: Section 4.2, “Authorizations,” on page 4-3 for detailed information about authorization requirements.

27.3.3 Removable Shoe Insert - University of California-Berkeley (UCB) Type
The CSHCN Services Program may authorize removable shoe inserts for eligible clients when prescribed by a licensed physician. An approved orthotist must supply the removable shoe insert.

Covered diagnoses and conditions are evaluated on a case-by-case basis using one of the following criteria to be submitted by the physician:
- A valgus deformity and significant congenital pes planus (diagnosis code 75461), which is symptomatic for pain
- A structural problem that results in significant pes planus
- An acute plantar fasciitis
- A diagnosis of hemophilia

27.3.3.1 Authorization Requirements
Authorization requests for removable shoe insert 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-30.

Refer to: Section 4.2, “Authorizations,” on page 4-3 for detailed information about authorization requirements.
27.3.4 Excluded Orthoses

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

<table>
<thead>
<tr>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>L3001</td>
</tr>
<tr>
<td>L3002</td>
</tr>
<tr>
<td>L3003</td>
</tr>
<tr>
<td>L3010</td>
</tr>
<tr>
<td>L3020</td>
</tr>
<tr>
<td>L3030</td>
</tr>
<tr>
<td>L3040</td>
</tr>
<tr>
<td>L3050</td>
</tr>
<tr>
<td>L3060</td>
</tr>
</tbody>
</table>

27.3.5 Cranial Molding Orthoses

The CSHCN Services Program may reimburse for severe nonsynostotic deformational plagiocephaly with documentation supporting the use of the cranial molding orthosis (procedure code S1040) to modify or prevent an associated functional impairment. Cranial molding orthoses may only be approved for children 3 to 18 months of age.

The CSHCN Services Program defines 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 reimburse for these devices after surgery for cranial deformities, including craniosynostosis. The CSHCN Services Program does not cover cranial molding orthoses when used as a treatment for nonsynostotic deformational plagiocephaly, without associated functional impairment. For infants with a diagnosis of positional plagiocephaly who do not meet the criteria described in this policy, the use of a cranial molding orthosis 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. Documentation must support the use of the orthosis for modification or preventive purposes. Objective anthropometric data should support the severity of the clinical findings.

Muscular torticollis (wry neck), 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, or physiotherapy) prior to consideration of prior authorization for cranial orthosis.

27.3.5.1 Authorization Requirements

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

- The assessment and recommendations of the appropriate primary care physician, pediatric subspecialist, craniofacial team, or pediatric neurosurgeon.
- A full description of the physical findings, precise diagnosis, age of onset, and the etiology of the deformity.
- Reports of any radiological procedures used in making the diagnosis.
- The client’s age (at least 3 months old but no older than 18 months).
- Anthropometric measurements documenting greater than 10 mm of cranial asymmetry.
- For children younger than 6 months of age, documentation that aggressive repositioning, with or without physical therapy, has been conducted for at least 3 months without improvement in cranial asymmetry.
- Plan of treatment or follow-up schedule.

Due to the mobility of children over 6 months old and the limited time frame during which the device may be effective, repositioning is not indicated for clients older than 6 months of age.

Refer to: Section 4.3, “Prior Authorizations,” on page 4-5 for detailed information about prior authorization requirements.
27.3.6 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 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 1 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 3 months. Two pairs may be purchased at the same time, but they cannot be replaced until after 6 months.

27.3.6.1 Noncovered Shoes or 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

27.3.6.2 Authorization Requirements
Authorization requests for 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-30.

Refer to: Section 4.2, “Authorizations,” on page 4-3 for detailed information about authorization requirements.

27.3.7 Prostheses
The following are examples of prostheses and diagnosis codes that the CSHCN Services Program reviews for authorization:

<table>
<thead>
<tr>
<th>Prostheses</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></td>
</tr>
<tr>
<td>Hip disarticulation</td>
<td></td>
</tr>
<tr>
<td>Immediate postsurgical</td>
<td></td>
</tr>
<tr>
<td>Partial foot or foot</td>
<td></td>
</tr>
<tr>
<td>Preparatory/ temporary prosthesis</td>
<td></td>
</tr>
</tbody>
</table>
27.3.7.1 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.

27.3.8 Protective Helmets
Protective helmets used for conditions such as neoplasm of the brain, subarachnoid subdural hemorrhage, hemophilia, 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>A8000</td>
</tr>
</tbody>
</table>

27.4 Documentation of Receipt
When the orthosis or prosthesis is delivered, providers must complete the “CSHCN Services Program Documentation of Receipt” form on page B-104 or the “CSHCN Services Program Documentation of Receipt (Spanish)” form on page B-105. The “CSHCN Services Program Documentation of Receipt” form is required and must be completed before reimbursement can be made for any DME delivered to a client. The certification form must include the name of the item, the date the client received the DME, and the signatures of the provider and the client or primary caregiver.

Providers must retain individual delivery slips or invoices for each date of services (DOS) that document the date of delivery for all supplies provided to a client and must disclose them to HHSC or its designee upon request. Documentation of delivery must include one of the following:

- Delivery slip or invoice signed and dated by client or caregiver. The delivery slip or invoice must contain the client’s full name and address to which the supplies were delivered, the item description, and the numerical quantities that were delivered to the client.
- A dated carrier tracking document with shipping date and delivery date. The dated carrier tracking document must be attached to the delivery slip or invoice. The dated delivery slip or invoice must include an itemized list of goods that includes the descriptions and numerical quantities of the supplies delivered to the client. This document could also include prices, shipping weights, shipping charges, and any other description.

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.

The CSHCN Services Program does not reimburse providers separately for shipping and handling or freight charges, except when power equipment must be sent to a location other than to the vendor for repair.
27.5 Claims Information
Orthotic and prosthetic services must be submitted to TMHP in an approved electronic format or on the CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from the vendor of their choice. TMHP does not supply the forms.
When completing a CMS-1500 paper claim form, all required information must be included on the claim, as TMHP does not key any information from claim attachments. Superbills, or itemized statements, are not accepted as claim supplements.
Refer to: Chapter 37, “TMHP Electronic Data Interchange (EDI),” on page 37-1 for information about electronic claims submissions.
Section 5.7.1.3, “CMS-1500 Paper Claim Form Instructions,” on page 5-22 for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

27.6 Reimbursement
Orthotics and prosthetics services may be reimbursed the lower of the billed amount or the amount allowed by Texas Medicaid.

27.7 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.