

# Follow Up to 'Procedure Code 97542 to Become a Benefit for Seating Assessments for the CSHCN Services Program Effective September 1, 2017'

Information posted August 23, 2017

This is a follow up to the article titled "[Procedure Code 97542 to Become a Benefit for Seating Assessments for the CSHCN Services Program Effective September 1, 2017](#)," which was posted on this website on July 18, 2017.

## Seating Evaluation Requirements

A seating assessment evaluation performed by a physical therapist (PT), an occupational therapist (OT), or a physician does not require prior authorization.

For physicians who complete seating assessments, the seating assessment is considered part of the physician office visit and will not be reimbursed separately.

The seating assessment must include the following:

- Explanation of how the client or family will be trained to use the equipment
- Description of the anticipated changes in the client's needs, other modifications, or accessories, and the growth potential of the wheelchair
- Inclusion of significant medical information pertinent to the client's mobility and how the requested equipment will accommodate the following needs:
  - Intellectual
  - Postural
  - Physical sensory (visual and auditory)
  - Physical status
- Report of any of the following physical and functional status:
  - Trunk and head control
  - Balance
  - Arm and hand function
  - Existence and severity of orthopedic deformities
  - Changes in physical or functional status
  - Expected or potential surgeries that will improve or further limit mobility
- Information on the client's current mobility/seating equipment, how long the client has been using the current equipment, and why it no longer meets the client's needs
- Client's height, weight, and a description of where the equipment will be used
- Seating measurements
- Description of the accessibility of the client's residence
- Manufacturer's information including descriptions of the following:
  - The specific base

- Any attached seating system components
- Any attached accessories
- Manufacturer's retail pricing information
- Itemized pricing for manually priced components
- Documentation supporting medical necessity for all accessories

The seating assessment must be documented on the [CSHCN Services Program Wheelchair Seating Evaluation Form](#), which must be signed and dated by the qualified practitioner who completes the assessment (PT, OT or physician).

The CSHCN Services Program Wheelchair Seating Evaluation Form must be submitted with the [CSHCN Services Prior Authorization and Authorization Request for Durable Medical Equipment \(DME\) Form](#), which must be completed, signed, and dated, for the wheeled mobility system.

**Note:** All signatures and dates on both forms must be current, unaltered, original and handwritten. Computerized or stamped signatures will not be accepted.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.