DURABLE MEDICAL EQUIPMENT (DME)

CSHCN SERVICES PROGRAM PROVIDER MANUAL

JULY 2025

TEXAS
Health and Human
Services

DURABLE MEDICAL EQUIPMENT (DME)

Table of Contents

17.1 Enrollment

To enroll in the CSHCN Services Program, DME providers must be actively enrolled in Texas Medicaid, have a valid CSHCN Services Program Provider Agreement, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state DME (noncustom DME) providers must meet all these conditions, be located in the United States within 50 miles of the Texas state border and be 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 §371.1659 for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 26 TAC §351.6(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" in Chapter 2, "Provider Enrollment and Responsibilities" for more detailed information about CSHCN Services Program provider enrollment procedures.

Section 3.1.4, "Services Provided Outside of Texas" in Chapter 3, "Client Benefits and Eligibility" for more detailed information.

17.1.1 Custom DME Requirements

Providers who wish to enroll with the CSHCN Services Program as customized DME providers must complete the CSHCN Services Program Provider Enrollment Application as specified in Section 2.1, "Provider Enrollment" in Chapter 2, "Provider Enrollment and Responsibilities." Additionally, applicants must either provide evidence of having current certification from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as an assistive technology supplier and/or assistive technology practitioner, or provide three separate letters of recommendation from practicing occupational therapists (OTs) or physical therapists (PTs) 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. The CSHCN Services Program requires that PTs and OTs writing letters of recommendation are not employed by the applicant nor receive any form of compensation for the letters of recommendation.

Providers must send the completed documentation to:

Texas Medicaid & Health Partnership
Attn: Provider Enrollment
PO Box 200795
Austin, TX 78720–0795
800-568-2413

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

17.2 Program Overview and Guidelines

The CSHCN Services Program considers requests for coverage of the following types of DME and services when they are medically necessary and appropriate:

- *Rehabilitative equipment:* purchase, rental, modification, and repair items such as ambulation aids, wheelchairs (manual and power), standers, hospital beds, hygiene equipment, etc.
- *Miscellaneous equipment:* items such as paraffin units, enuresis alarms, and special needs car seats

All DME must be prescribed by a licensed physician. This equipment is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness, injury, or disability. DME is appropriate for use in the home or community setting. Unique or novel DME that is a benefit of the CSHCN Services Program must have a well-established history or efficacy. The DME must have valid and peer-reviewed evidence that the equipment corrects or ameliorates a covered medical condition or functional disability.

There is no single authority, such as a federal agency, that confers the official status of "DME" on any device or product. Therefore, the CSHCN Services Program within the Department of State Health Services (DSHS), retains the right to determine which DME devices or products are benefits of the CSHCN Services Program. To be considered for reimbursement, DME must be a benefit of the CSHCN Services Program and must be authorized or prior authorized, if required, as indicated in the sections below. Requests for authorization or prior authorization must be submitted in writing. Requests for equipment that requires *prior* authorization must be completed and received before the requested date of service.

The CSHCN Services Program may reimburse providers for both custom and standard (noncustom) DME.

17.2.1 Custom DME

Custom DME is medical equipment that is made or modified specifically to address the *individual* client's needs. After it is issued, customized equipment is the client's property. Examples of covered custom DME include:

- Adaptive strollers.
- Custom-fitted wheelchairs (manual and power) and positioning components.
- Gait trainers.
- Hospital crib or enclosed bed.
- Portable wheelchair ramps.
- Scooters.
- Special needs car seats.
- Standers (prone and supine).
- Travel chair.

17.2.2 Standard DME

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. Examples of covered noncustom DME include:

- Adaptive feeder seats.

- Ambulation aids.
- Feeding equipment (parenteral and enteral).
- Hospital beds.
- Hygiene equipment.
- Portable paraffin units.
- Standard wheelchairs.
- Transcutaneous electrical nerve stimulator (TENS) units.
- Transfer boards.

17.2.3 Program Guidelines

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

- Provide new equipment—not used, reconditioned, or damaged equipment or parts.
- Ensure that clients are measured and that the equipment is assembled and fitted by knowledgeable staff.
- Request authorization or prior authorization for equipment based on the recommendations of a team that includes the client, physician, therapist, and vendor, whenever possible.
- Ensure that staff experienced in the fitting of DME delivers the equipment with all accessories directly to the person specified in the delivery instructions. The parent, client, or guardian must sign the CSHCN Services Program Documentation of Receipt form only at the time of delivery, 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, if the prescribing physician determines immediate need from the time the vendor receives authorization and until the prescribed item is delivered.
- Do not purchase accessories, inserts, or other positioning devices shop-built by a vendor unless specifically approved after review of medical justification submitted from the prescribing physician, OT, or PT. Detailed cost justification is also required.
- Never reclaim an item delivered to a client when the CSHCN Services Program Documentation of Receipt form has been signed by the parent, client, or guardian, even if the CSHCN Services Program denies vendor payment for failure to comply with claims processing deadlines.
- Use objective OTs or PTs to perform the wheelchair and equipment evaluations and to make equipment recommendations for CSHCN Services Program clients. An objective therapist is one who is not hired or paid by the DME provider or company to perform these evaluations.

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

17.3 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program must authorize all requests for both standard and custom DME. Requests must be submitted on the CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) form.

Note: *The physician's signature is only required on page 1 of the form in the Statement of Medical Necessity section. Providers must submit page 1 of the form to TMHP. Pages 2 through 5 are only required for certain DME requests. Refer to the text under the form title to determine which of these pages must be submitted in addition to page 1.*

Custom DME and more complex equipment requires prior authorization; all other and standard DME must be authorized. The sections below identify the equipment that requires authorization and the equipment that requires prior authorization. Authorization requests and prior authorization requests should be submitted on a CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) form.

Prior authorization is required for quantities exceeding the limitations defined in the sections below.

Equipment that has been purchased may be considered for replacement when loss or irreparable damage has occurred outside the warranty terms, conditions, and limitations. A copy of the police or fire report when appropriate and the measures to be taken to prevent reoccurrence must be submitted with the prior authorization request.

The custom DME prior authorization period is no more than 75 days from the date of approval. If the client's eligibility is due to end before the 75 days, providers will still receive a 75-day authorization from the date of the approval.

Refer to: Chapter 4, "Prior Authorizations and Authorizations" for more information about authorizations and prior authorizations.

17.3.1 Adaptive Strollers

Adaptive strollers may be noncustom DME, or they may be custom DME if 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.

17.3.1.1 Authorization Requirements

Adaptive strollers may be authorized only when medically necessary and when all of 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 2 years of the request date, *or* the client is expected to be ambulatory within 1 year of the request date.

Authorization requests for clients older than 2 years of age must meet the above criteria, and there must be medical documentation of the need for a stroller versus a wheelchair. Medical documentation should indicate that a stroller allows adequate support for a client's particular condition, stature, and need for positioning (completion of the CSHCN Services Program Wheelchair Seating Evaluation Form serves as medical documentation).

The following criteria must be met for the level of stroller requested:

- *Level 1: Basic stroller.* The client meets the criteria for a stroller.
- *Level 2: Stroller with tray for oxygen and/or ventilator.* The client meets the criteria for a Level 1 stroller and is oxygen- or ventilator-dependent.
- *Level 3: Stroller with positioning inserts.* The client meets the criteria for a Level 1 or Level 2 stroller and requires additional positioning support.

Providers should use the following procedure codes and modifiers to submit claims for strollers. Levels 2 and 3 require the addition of a modifier:

Description	Procedure Code and Modifier (As Applicable)
Level 1: Basic Stroller	E1035
Level 2: Stroller with tray for oxygen and/or ventilator	E1035 with TF modifier
Level 3: Stroller with positioning inserts	E1035 with TG modifier

17.3.2 Ambulation Aids

17.3.2.1 Crutches, Walkers, Gait and Ambulation Belts, and Canes

Ambulation aids may be noncustom DME, or they may be custom DME if they are in any way customized to the individual client's needs.

Crutches, walkers, gait and ambulation belts, and canes may be authorized for any condition resulting in limited functional ambulation. Any enrolled DME provider may be reimbursed for nonspecialized equipment at Medicare-allowable rates. The provider is required to submit authorization requests and claims with the appropriate procedure codes. Ambulation aids may be rented if the need is short term. The anticipated total rental cost must be less than the purchased price.

17.3.3 Breast Prosthesis

The following procedure codes for external breast prostheses are benefits of the CSHCN Services Program when provided by a licensed prosthetist or licensed orthotist to clients with a history of a medically necessary mastectomy procedure:

Procedure Code	Limitations
L8000	4 per rolling year
L8001	4 per rolling year, per modifier Modifier LT or RT required.
L8002	4 per rolling year
L8015	2 per rolling year
L8020	1 per 6 rolling months
L8030	1 per 2 rolling years
L8031	1 per 2 rolling years
L8032	8 per rolling year, same procedure, any provider
L8033	8 per rolling year
L8035	Requires prior authorization
L8039	Requires prior authorization

Refer to: Section 31.2.40, "Diagnostic and Surgical/Reconstructive Breast Therapies " in Chapter 31, "Physician" for information about mastectomy procedures and related services.

17.3.3.1 Breast Prosthesis Prior Authorization Requirements

Prior authorization is required for the following:

- Medically necessary prostheses beyond set limitations outlined in the table above.
- Procedure codes L8035 and L8039.

Prior authorization must be requested using the CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form.

17.3.3.1.1 Prior Authorization for Medically Necessary Prostheses Beyond Set Limitations

Medically necessary prostheses beyond set limitations may be prior authorized if any of the following is met for procedure codes L8000, L8001, L8002, L8015, L8020, L8030, L8031, L8032, and L8033:

- Loss or irreparable damage. If the external breast prosthesis is lost or irreparably damaged, prior authorization for a replacement of the same type may be considered for coverage at any time.
- Change in the client's condition. If a different external breast prosthesis is needed due to a change in the client's medical condition, prior authorization for prosthesis of a different type will be considered for coverage at any time.

17.3.3.1.2 Prior Authorization for Procedure Codes L8035 and L8039

Prior authorization requests for external breast prosthesis procedure codes L8035 or L8039 must include documentation of medical necessity for the requested device.

The prior authorization request for procedure codes L8035 and L8039 must include the following information:

- The client's diagnosis
- Prior treatment for the diagnosis
- Medical necessity of the requested prosthesis
- A clear, concise description of the prosthesis requested

The prior authorization request for procedure code L8039 must also include the following information:

- Reason for recommending this particular prosthesis
- A procedure code that is comparable to the prosthesis requested
- Documentation that indicates this prosthesis is not investigational or experimental
- The setting in which the service is to be rendered
- The physician's intended fee for this prosthesis

The physician must maintain documentation of medical necessity in the client's medical record. Services are subject to retrospective review.

17.3.4 Burn Care Garments

The CSHCN Services Program may reimburse providers for burn care products. 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 considered for reimbursement for other conditions (e.g., large hemangiomas or lymphangiomas), with documentation from the physician regarding medical necessity. Providers must use the following procedure codes when submitting claims for burn care services:

Procedure Codes									
A6501	A6502	A6503	A6504	A6505	A6506	A6507	A6508	A6509	A6510

Procedure Codes	
A6511	A6512

17.3.5 Cochlear Implant Device

Refer to: Chapter 20, "Hearing Services" for more information about cochlear implant benefits and limitations.

17.3.6 Continuous Passive Motion (CPM) Device

A CPM may be authorized for rental only for no more than a 2-week period after knee surgery. Recertification for additional services may be considered with documentation of medical necessity.

17.3.7 Enuresis Alarms

Enuresis alarms used for the treatment of primary nocturnal enuresis may be considered for purchase using procedure code S8270 with documentation of medical necessity.

17.3.7.1 Prior Authorization Requirements

The CSHCN Services Program may consider prior authorization for a once in a lifetime purchase of an enuresis alarm if the client meets all of the following criteria:

- Is 5 to 20 years of age
- Has experienced bedwetting a minimum of three nights a week in the previous month or at least one bedwetting episode weekly for 1 year
- Has no daytime bedwetting
- Has been examined by a physician, and physical or organic causes for nocturnal enuresis (e.g., renal disease, neurological disease, infection, etc.) have been ruled out

17.3.8 Gait Trainers (Supported or Sling Walkers)

Gait trainers may be noncustom DME, or they may be custom DME if they are in any way customized to the individual client's needs.

The gait trainer should be needed at home as well as school or the therapy clinic. The CSHCN Services Program does not cover equipment for use solely in schools or clinics.

17.3.8.1 Authorization Requirements

The following documentation must be included with an authorization request for gait trainers:

- Client's condition, functional level, height, and weight
- Whether the client is 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 6 months)
- The plan for training the school and home caregivers in the correct and safe use of the equipment

17.3.9 Hospital Beds (Manual and Electric)

The rental or purchase of the following beds and cribs may be reimbursed:

- Manual or an electric hospital bed with or without a mattress
- Hospital crib
- Enclosed bed
- Accessories (e.g., safety enclosure frame or canopy)

A rental may be approved if the need is short-term (e.g., postsurgery or life expectancy of 6 months or less as certified by the prescribing physician). The anticipated total rental cost must be less than the purchase price.

A purchase may be approved for the long-term care of clients whose conditions have progressed to the point that they are severely neurologically or orthopedically limited, etc.

17.3.9.1 Authorization and Prior Authorization Requirements

To request authorization for manual or electric hospital beds, the provider must submit documentation of medical necessity and a completed CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form.

The following documentation must be included with the request for authorization or with the first claim:

- Client's diagnosis
- Client's age
- Client's height and weight
- Limitations of the caregiver
- Explanation addressing why a standard bed or crib will not meet the client's needs

Electric hospital beds may be considered for prior authorization as a purchase (long-term use) or as a rental (short-term use) if any of the following conditions exist:

- Client is able to assist with his or her personal care and can physically operate the controls
- Caregiver is physically limited and cannot crank a manual bed
- Caregiver needs to be able to adjust the bed quickly to assist with the client's personal care

All requests for the purchase of an electric hospital bed with or without a mattress require medical review.

The following procedure codes may be used to request authorization and to submit claims for reimbursement of rental or purchase of equipment:

Procedure Codes									
E0250	E0251*	E0255	E0256*	E0260	E0261*	E0265	E0266*	E0271*	E0272*
E0277	E0290*	E0303	E0304	E0305	E0310	E0315*			
***For purchase only.**									

The purchase of a hospital bed without a mattress may be considered for reimbursement only if a custom mattress or bed positioning system is also authorized due to medical necessity.

17.3.9.2 Pressure Reducing Pads

Pressure-reducing pads for beds may be a benefit of the CSHCN Services Program.

Most pressure-reducing pads do not require prior authorization up to the approved limitations.

The following pressure-reducing pads procedure codes require prior authorization and the provider must submit with documentation of medical necessity and appropriateness:

Procedure Codes					
E0184	E0185	E0186	E0371	E0372	E0373

To request authorization for pressure-reducing pads, the provider must submit documentation of medical necessity and a completed CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form.

Pressure relief beds are not benefits of the CSHCN Services Program.

17.3.9.3 Positional Pillows and Cushions

Procedure code E0190 must be billed with modifier UD for the purchase of reflex wedges and positional devices (positional pillows and cushions).

17.3.9.4 Hospital Cribs and Enclosed Beds

Hospital cribs and enclosed beds must be prior authorized. Hospital cribs or enclosed beds are considered custom equipment.

17.3.9.4.1 Prior Authorization Requirements

Documentation supporting medical necessity must be submitted with the prior authorization request form. Prior authorization is not granted when the documentation indicates strictly a behavioral control need. 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 all of the following:

- Client's diagnosis, medical needs, developmental level, and functional skills
- Age, length or height, and weight of client
- Description of any other less-restrictive devices that have been 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 suggested retail price (MSRP)

Accessories may include safety enclosure frame or canopy. The protective crib top may also be prior authorized based on the criteria previously listed.

Providers must use procedure codes E0300, E0328, and E0329 to bill for hospital cribs. Providers must use procedure code E0316 when requesting a safety enclosure or canopy for a hospital bed or crib. Requests must be made to the CSHCN Services Program using the CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form.

17.3.10 Hygiene Equipment

Hygiene equipment may be noncustom DME, or may be custom DME if it is in any way customized to the individual client's needs.

Hygiene equipment should be rented if the need is for short-term use and if renting is more cost-effective. The anticipated total rental cost must be less than the purchased price. Documentation of the client's anticipated independence with the equipment is required for rental and purchase. Additionally, equipment may be authorized for clients who are nonambulatory in order to assist the parents and enhance safety in the care of clients with spina bifida, cerebral palsy, and other paralytic conditions.

The following hygiene equipment may be authorized:

- Tub rails (not wall mounted or permanently attached)
- Manual or hydraulic bathtub lifts
- Commodes or potty chairs
- Commode chair with integrated seat lift
- Commode seat lift mechanism

- Hygiene adaptations (e.g., raised toilet seats)
- Patient lifts
- Bath seats or chairs

Note: *Bath seats may be covered for clients when the medical condition indicates the need for support when bathing. Bath chairs will not be purchased for clients who are younger than 1 year of age or who weigh less than 30 pounds.*

17.3.10.1 Bath or Shower Chair

A bath or shower chair (procedure code E0240), bathtub stool or bench, or bathtub transfer bench may be considered for those clients who cannot safely utilize a regular bath tub or shower.

A bath or shower chair may be prior authorized for clients who meet the Level 1, 2, or 3 criteria.

A Level 3 custom bath or shower chair may be prior authorized only if the client does not also have any type of commode chair. The client must have a shower that is adapted for rolling equipment. Ramps will not be prior authorized for access to showers.

A custom bath or shower chair may be considered for prior authorization only if the client does not also have any type of commode chair.

17.3.10.1.1 Levels of Design

- A level 1 device may be considered if the client:
  - Is either unable to stand independently or is unstable while standing, or
  - Is unable to independently enter or exit the shower or bathtub due to limited functional use of the upper or lower extremities, and
  - Maintains the ability to ambulate short distances (with or without) assistive device), or
  - Has a condition that is defined as a short-term disability without a concomitant long-term disability (including, but not limited to postoperative status).
- A level 2 device may be considered if the client:
  - Has good upper body stability, and
  - Has impaired functional ambulation, including, but not limited to lower body paralysis, osteo-arthritis, or
  - Is nonambulatory
  - The client must have a shower that is adapted for rolling equipment; access ramps for showers will not be considered for prior authorization.
- A level 3 device may be considered if the client requires:
  - Trunk and/or head or neck support, or
  - Positioning to accommodate conditions, including, but not limited to spasticity, or frequent/uncontrolled seizures.

A tub stool or bench may be considered for prior authorization for clients who meet the Level 1 criteria.

A tub transfer bench may be considered for prior authorization for clients who meet the Level 1 or 2 criteria.

A heavy-duty tub transfer bench may be considered for prior authorization for clients who meet the Level 1 or 2 criteria and who weigh more than 200 pounds.

The purchase of a bath or shower chair is limited to one every five years.

Providers may be reimbursed for procedure code E0240 using the following modifiers:

Level	Modifier
Level 1	No modifier
Level 2	TF
Level 3	TG

17.3.10.2 Authorization Requirements

Noncustom hygiene equipment must be authorized. The following documentation should be included with the authorization request for any custom and noncustom hygiene equipment:

- Client's condition, height, weight, age, and functional level
- Anticipated length of time the client will need the equipment
- Description of postural condition of the child including tone, head control, trunk control, upper extremity, and lower extremity
- Transfer status

Note: *Custom hygiene equipment must be prior authorized.*

17.3.10.3 Adaptive Feeder Seats

Adaptive feeder seats may be authorized for any condition resulting in postural insecurity, including cerebral palsy and spina bifida. Documentation of medical necessity must be submitted with the claim.

17.3.10.4 Commode Chair

The following limitations apply to commode chair and accessory procedure codes:

Procedure Code	Limitation
E0163	1 per 3 years
E0163-TG	1 per 3 years
E0165	1 per 3 years
E0165-TG	1 per 3 years
E0167	1 per 3 years
E0168	1 per 3 years
E0168-TF	1 per 3 years
E0168-TG	1 per 3 years
E0170	1 per 3 years
E0171	1 per 3 years
E0172	1 per 3 years
E0175	1 per 3 years

17.3.10.4.1 Prior Authorization Requirements for Level 1: Stationary Commode Chair

A stationary commode chair with fixed or removable arms may be considered for prior authorization when the client has a medical condition that results in an inability to ambulate to the bathroom safely (with or without mobility aids).

For stationary commode chairs to be considered for reimbursement, providers should use commode chair procedure codes without a modifier.

17.3.10.4.2 Prior Authorization Requirements for Level 2: Mobile Commode Chair

A mobile commode chair with fixed or removable arms may be considered for prior authorization when the following criteria are met:

- Client meets the criteria for a Level 1 commode chair
- Client is on a bowel program and requires a combination commode and bath chair for performing the bowel program and then bathing
- Client does not have any type of bath chair

For mobile commode chairs to be considered for reimbursement, providers should use commode chair procedure codes with modifier TF.

17.3.10.4.3 Prior Authorization Requirements for Level 3: Custom Commode Chair

A custom stationary or mobile commode chair with fixed or removable arms and head, neck, and/or trunk support attachments may be considered for prior authorization when the following criteria are met:

- Client meets the criteria for a Level 1 or 2 commode chair
- Client has a medical condition that results in an inability to support their head, neck, and/or trunk without assistance
- Client does not have any type of bath chair

For custom stationary commode chairs to be considered for reimbursement, providers should use commode chair procedure codes with modifier TG.

17.3.10.4.4 Authorization Requirements for Extra-wide and Heavy-Duty Commode Chair

An extra-wide/heavy-duty commode chair is defined as one with a width greater than or equal to 23 inches and capable of supporting a patient who weighs 300 pounds or more. The client must meet the criteria for a Level 1, 2, or 3 commode chair and weigh 300 pounds or more.

Providers should use a heavy-duty commode chair procedure code with modifier TF or TG for an extra-wide or heavy-duty commode chair. Modifier TF should be used for a mobile extra-wide heavy-duty commode chair. Modifier TG should be used for a custom extra-wide heavy-duty commode chair.

17.3.10.4.5 Authorization Requirements for Foot Rest

A foot rest is used to support the feet during use of the commode chair and may be considered for prior authorization when the client meets the criteria for a Level 1, 2, or 3 commode chair, and the foot rest is necessary to support contractures of the lower extremities for a client who is paraplegic or quadriplegic.

17.3.10.4.6 Authorization Requirements for Replacement Commode Pail or Pan

Replacement commode pails or pans may be prior authorized once per year. With documentation of medical necessity, additional quantities may be considered for prior authorization.

17.3.10.5 Commode Chair with Integrated Seat Lifts

A commode chair with an integrated seat lift mechanism for the top of the commode (procedure codes E0170 and E0171) must be prior authorized for clients who meet all of the following criteria:

- The client must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
- The commode chair with integrated seat lift must be a part of the physician's course of treatment and be prescribed to correct or ameliorate the client's condition.
- Once standing, the client must have the ability to ambulate.
- The client must be completely incapable of standing up from a regular armchair or any chair in their home.

The fact that a client has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all clients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.

The submitted documentation must include an assessment completed by a physician, physical or occupational therapist that includes:

- A description of the client's current level of function without the device.
- An explanation for why a nonmechanical commode elevation device, such as commode rails or elevated commode seat, will not meet the client's needs.
- Documentation identifying how the commode seat lift will improve the client's function.
- What mobility-related activities of daily living (MRADLs) the client will be able to perform with the commode chair with integrated seat lift that he or she is unable to perform without the commode seat lift and how this will increase independence.
- The client's goals for use of the commode chair with integrated seat lifts.

A commode chair with an integrated seat lift mechanism option will not be authorized for the convenience of a caregiver, or if the device will not allow the client to become independent with MRADLs.

Documentation confirming that all appropriate therapeutic modalities, such as medication and physical therapy, have been tried but have failed to enable the client to transfer from a chair to a standing position must be kept in the client's medical record.

Prior authorization will be given for only mechanical or powered commode assist devices, not both. If a client already owns one or more mechanical commode assist devices, a powered commode seat lift will not be prior authorized unless there has been a documented change in the client's condition such that the client can no longer use the mechanical equipment.

A seat lift mechanism is limited to those types which operate smoothly, can be controlled by the client, and effectively assist a patient in standing up and sitting down without other assistance. A commode seat lift operated by a spring release mechanism with a sudden, catapult-like motion and jolts the client from a seated to a standing position is not a benefit of the CSHCN Services Program.

17.3.10.6 Commode Seat Lift Mechanism

A commode seat lift mechanism for the top of the commode (procedure code E0172) must be prior authorized for clients who meet all of the following criteria:

- The client must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
- The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to correct or ameliorate the client's condition.
- Once standing, the client must have the ability to ambulate.
- The client must be completely incapable of standing up from a regular armchair or any chair in their home.

The fact that a client has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all clients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.

The submitted documentation must include an assessment completed by a physician, physical or occupational therapist that includes:

- A description of the client's current level of function without the device.
- An explanation for why a nonmechanical commode elevation device, such as commode rails or elevated commode seat, will not meet the client's needs.

- Documentation identifying how the commode seat lift mechanism will improve the clients function.
- What MRADLs the client will be able to perform with the commode seat lift mechanism that he or she is unable to perform without the seat lift mechanism and how this will increase independence.
- The client's goals for use of the commode seat lift mechanism.

A commode seat lift mechanism option will not be authorized for the convenience of a caregiver, or if the device will not allow the client to become independent with MRADLs.

Documentation confirming that all appropriate therapeutic modalities, such as medication and physical therapy, have been tried but have failed to enable the client to transfer from a chair to a standing position must be kept in the client's medical record.

Prior authorization will be given for only mechanical or powered commode assist devices, not both. If a client already owns one or more mechanical toilet assist devices, a seat lift mechanism will not be prior authorized unless there has been a documented change in the client's condition such that the client can no longer use the mechanical equipment.

Seat lift mechanisms are limited to those types which operate smoothly, can be controlled by the client, and effectively assist a patient in standing up and sitting down without other assistance. A seat lift mechanism operated by a spring release mechanism with a sudden, catapult-like motion and jolts the client from a seated to a standing position is not a benefit of the CSHCN Services Program.

17.3.11 Infusion Pumps

The CSHCN Services Program may reimburse providers for an external ambulatory infusion pump, when it is prescribed by a physician and authorized by the program. Requests must be submitted to the CSHCN Services Program using the CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form.

17.3.12 Portable Paraffin Units

Portable paraffin units (procedure code E0235) 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 OT or PT or the client's physician must be submitted with the authorization request. Only one portable paraffin unit may be authorized in a 3-year period without documentation of medical necessity for the second unit.

17.3.13 Seat Lift Mechanism

A medically necessary seat lift mechanism is one that operates smoothly, can be controlled by the client, and effectively assist the client in standing up and sitting down without other assistance.

A seat lift mechanism (procedure codes E0627 and E0629) may be prior authorized for clients who meet all of the following criteria:

- The client must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
- The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to correct or ameliorate the client's condition.
- Once standing, the client must have the ability to ambulate.
- The client must be completely incapable of standing up from a regular armchair or any chair in their home.

The fact that a client has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all clients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.

The submitted documentation must include an assessment completed by a physician, physical or occupational therapist that includes:

- A description of the client's current level of function without the device.
- The duration of time the client is alone during the day without assistance.
- Documentation identifying how the seat lift mechanism will improve the client's function.
- What MRADLs the client will be able to perform with the seat lift mechanism that he or she is unable to perform without the seat lift mechanism and how this will increase independence.
- The client's goals for use of the seat lift mechanism.

A seat lift mechanism option will not be authorized for the convenience of a caregiver, or if the device will not allow the client to become independent with MRADLs.

Documentation confirming that all appropriate therapeutic modalities, such as medication and physical therapy, have been tried but have failed to enable the client to transfer from a chair to a standing position must be kept in the client's medical record.

Seat lift mechanisms are limited to those types that operate smoothly, can be controlled by the client, and effectively assist a client in standing up and sitting down without other assistance. A seat lift mechanism operated by a spring release mechanism with a sudden, catapult-like motion and jolts the client from a seated to a standing position is not a benefit of the CSHCN Services Program.

17.3.14 Special Needs Car Seats and Travel Restraints

The CSHCN Services Program may reimburse providers for special needs car seats and travel restraints when they are medically necessary and appropriate. Services and equipment must be authorized and must be provided by a trained provider who is certified in car seat installation.

The CSHCN Services Program reimburses providers for special-needs car seats and travel restraints using the same methodology as custom manual rehabilitative equipment.

17.3.14.1 Car Seats

All children must be transported as safely as possible. Children with breathing disorders, casts, neuromuscular deficits, or other health-care needs may need to use special needs car seats or travel restraints.

Providers supplying special-needs car seats must be CSHCN Services Program custom DME providers and must have received approved training from the manufacturer of the product requested. The comprehensive training must include correct use of car seats for children with special needs, and the proper installation of top tethers. Providers must demonstrate proficiency in the installation of the top tethers during this training. Installation of the top tether is essential for proper use of the car seat and is included in the reimbursement of the car seat.

Providers must keep a statement on record that is signed and dated by the child's parent or guardian and the provider stating:

- A manufacturer-trained provider has installed the top tether in the automobile in which the child will be transported.
- A manufacturer-trained provider has trained the client's parent(s) or guardian(s) in the correct use of the car seat.
- The client's parent(s) or guardian(s) has demonstrated the correct use of the car seat to a manufacturer-trained provider.

17.3.14.1.1 Prior Authorization Requirement for Car Seats

Requests for authorization of special-needs car seats must be submitted for medical review using procedure code E1399 (rental or purchase) and must include the following written documentation:

- Documentation that the child weighs more than 40 pounds or is more than 40 inches in height (actual height and weight must be provided).
- Providers must include a description of the child's postural condition, specifically including head and trunk control, including why a booster chair or seatbelt will not meet the client's needs.
- Providers must include the child's expected long-term need for the car seat.
- A photocopy of the training certification of the individual installing the car seat must accompany each request for authorization to be considered for reimbursement by the CSHCN Services Program. Authorizations are not given to a provider until training is completed and the CSHCN Services Program claims contractor receives a copy of the training certificate.
- Providers must include the name of the individual installing the car seat on the CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) form or providers must include documentation with the form indicating that the top tether was factory installed by the vehicle's manufacturer before vehicle purchase.
- Installation of the top tether is essential for proper use of the car seat and is included in reimbursement for the car seat. Providers may not bill the CSHCN Services Program for the installation of the top tether.
- Providers must keep a statement on record that is signed and dated by the child's parent or guardian and the provider stating that 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 the parent demonstrated the correct use of the car seat to a manufacturer-trained provider.

The manufacturer's weight limitation should be carefully considered when fitting the child for a car seat and should allow for at least 12 months of anticipated growth.

The CSHCN Services Program considers replacement after 7 years (normal useful life) or if a car is involved in an accident. (Some manufacturers may replace car seats at no cost following an accident, if a police report from the accident is provided.)

Car seat accessories for correct positioning, available from the manufacturers, may be authorized when medically necessary. Only car seat modifications and accessories that have been crash-tested with the car seat and provided by the manufacturer of the car seat may be authorized.

17.3.14.2 Travel Restraints

The CSHCN Services Program may reimburse providers for travel restraints used in a family vehicle to restrain a child whose medical condition requires him or her 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.

Procedure code E0700 may be used to submit claims for travel restraints.

17.3.15 Standers, Prone or Supine

Prone or supine standers (procedure codes E0638, E0641, and E0642) may be considered for reimbursement when prescribed by a practitioner licensed to do so for clients with diagnoses such as cerebral palsy, spina bifida, paraplegia, or other conditions resulting in paralysis of both lower extremities. Procedure code E0638 with modifier UA should be used to identify an upright or prone system stander, and modifier UB should be used to identify a supine stander. The medical condition must indicate the need for a standing program that must specifically be provided in the home environment. As many clients receive standing programs at school, the home standing program should coordinate with the school plan.

Standers provided by the CSHCN Services Program 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* need to be identical to the equipment used in the school setting because they have to accommodate a variety of changing postural issues, and they require more heavy-duty equipment due to increased use and wear and tear on the equipment. DME providers supplying standers must be enrolled in the CSHCN Services Program as custom DME providers.

17.3.15.1 Authorization Requirements

The following documentation must 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

17.3.16 TENS Units

When prescribed by a physician or other provider authorized to do so, a TENS unit may be authorized for rental or purchase for the management of pain. Medical review is required. Reimbursement is at Medicare-allowable rates. Replacement electrodes may be authorized as a supply item if a TENS unit was previously purchased by the CSHCN Services Program.

Documentation of a home program developed and monitored by an OT or PT or the client's physician must be submitted with the authorization request. No more than one TENS unit may be authorized in a 2-year period without documentation of medical necessity for the second unit.

Refer to: Chapter 27, "Neurostimulators and Neuromuscular Stimulators."

17.3.17 Transfer Boards

Transfer boards (procedure code E0705) 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. Documentation of medical necessity must be submitted with the claim.

17.3.18 Travel Chairs

Travel chairs may be noncustom DME, or they may be custom DME if they are in any way customized to the individual client's needs. Travel chairs are generally lighter in weight than noncustom manual wheelchairs and are designed to be pushed with ease by attendants or caretakers rather than being self-propelled. Travel chairs have little flexibility for customization.

17.3.18.1 Prior Authorization Requirements

Travel chairs may be prior authorized using the same guidelines as manual wheelchair prior authorizations for clients who are unable to self-propel a manual wheelchair and who are not appropriate for a power wheelchair due to cognitive issues, inaccessibility of the home, types of diagnoses, or levels of physical function.

17.3.19 Wheelchairs

The CSHCN Services Program may authorize a standard manual wheelchair. All other wheelchair requests for custom manual or power wheelchair, seating system, or modification of a wheelchair must be prior authorized. The CSHCN Services Program does not reimburse providers for wheelchairs for

children who are residents of nursing facilities or intermediate care facilities for individuals with intellectual disabilities (ICF/IID). Providing wheelchairs for these children is the responsibility of the facility licensed to care for them.

17.3.19.1 Seating Evaluation Requirements

A seating evaluation performed by a physical therapist (PT), an occupational therapist (OT), or physician does not require prior authorization. A seating assessment performed by a physician is considered part of the physician evaluation and management service and will not be reimbursed separately.

Procedure code 97542 may be reimbursed for a seating assessment performed by the OT or PT when billed with the modifiers as follows:

Practitioner	Procedure Code	Modifiers
Occupational therapist	97542	GO and UC
Physical therapist	97542	GP and UC

The seating assessment must:

- Explain how the client or family will be trained in the use of the equipment.
- Anticipate changes in the client's needs and include anticipated modifications or accessory needs, as well as the growth potential of the wheelchair.
- Include significant medical information pertinent to the client's mobility and how the requested equipment will accommodate these needs, including intellectual, postural, physical, sensory (visual and auditory), and physical status.
- Address trunk and head control, balance, arm and hand function, existence and severity of orthopedic deformities, as well as any recent changes in the client's physical and/or functional status, and any expected or potential surgeries that will improve or further limit mobility.
- Include information on the client's current mobility/seating equipment, how long the client has been in the current equipment and why it no longer meets the client's needs.
- Include the client's height, weight, and a description of where the equipment is to be used.
- Include seating measurements.
- Include the accessibility of client's residence.
- Include manufacturer's information, including the description of the specific base, any attached seating system components, and any attached accessories, as well as the manufacturer's retail pricing information and itemized pricing for manually priced components.
- Include documentation supporting medical necessity for all accessories.
- Be documented on the Wheelchair Seating Evaluation Form, which must be signed and dated by the qualified practitioner completing the assessment (PT, OT, or physician). All signatures and dates must be current, unaltered, and original. Electronic signatures may be accepted when the national and state standards set by Health and Human Services, Department of Commerce, and the Texas Uniform Electronic Transactions Act are met. Stamped signatures and dates will not be accepted.
- Be submitted with the prior authorization request for the wheeled mobility system. The form must be completed, signed, and dated as outlined above.

Seating assessments are reimbursed in 15-minute increments (units) and are limited to four units (one hour).

17.3.19.2 Wheelchair Authorization Requirements

Written requests for prior authorization and authorization of all wheelchairs must include the following two forms:

- CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form.

  Note: *The physician's signature is only required on page 1 of the form in the Statement of Medical Necessity section. Providers must submit page 1 of the form to TMHP. Pages 2 through 5 are only required for certain DME requests. Refer to the text under the form title to determine which of these pages must be submitted in addition to page 1.*

- CSHCN Services Program Wheelchair Seating Evaluation Form.

A PT or an OT who is not employed by the DME provider must complete the evaluation and the CSHCN Services Program Wheelchair Seating Evaluation Form.

Authorization for wheelchair modifications or repairs for an existing seating system also require the wheelchair seating evaluation.

CSHCN Services Program-approved custom DME providers are required to submit these assessments with their requests for the wheelchairs. Therapists must use the CSHCN Services Program Wheelchair Seating Evaluation Form.

The initial purchase of all manual wheelchairs and wheeled mobility systems must include the wheelchair base or frame, and the following standard components, which will not be prior authorized separately:

Complete set of standard propulsion and caster wheels, including all of the following:

  - Propulsion or caster tires of any size, made of solid rubber or plastic
  - Standard hand rims
  - Complete wheel lock assembly
  - Bearings
- Standard footrest assembly (fixed, detachable, or swing away), including standard footplates, calf rests/pads, and ratchet assembly
- Standard armrests (fixed non-adjustable or detachable non-adjustable), including standard foam or plastic arm pads
- Standard seat and back upholstery

Medically necessary non-standard components may be considered for prior authorization with documentation of medical necessity for the requested component. Such components include, but are not limited to, the following:

- Flat-free inserts
- Foam filled propulsion or caster tires
- Pneumatic propulsion or caster tires
- Non-standard hand rims (including ergonomic and contoured)
- Non-standard length footrests
- Custom footrests
- Elevating footrests
- Angle adjustable footplates

- Adjustable height fixed armrests
- Adjustable height detachable armrests
- Custom size arm pads
- Gel arm pads
- Arm troughs
- Elevating leg rests

Each power motorized device must include all of the following basic components that may not be prior authorized separately:

- Lap belt or safety belt (This does not include multiple-attachment-point positioning belts or padded belts.)
- Battery charger, single mode
- Batteries (initial)
- Complete set of tires and casters, any type
- Leg rests
- Foot rests or foot platform
- Arm rests
- Any weight-specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by client weight capacity
- Controller and input device

Wheelchairs, components, and accessories must be billed using the most appropriate procedure code that describes the item.

17.3.19.3 Manual Wheelchairs

Manual wheelchairs may be noncustom DME, or they may be custom DME if they are modified or in any way customized to the individual client's needs.

The CSHCN Services Program may reimburse providers for a manual wheelchair when the equipment is medically necessary. The physician or therapist is responsible for maintaining documentation indicating nonfunctional ambulation, situations where ambulation is contraindicated, or when ambulation is not adequate for independently accessing the community. Conditions that may debilitate a client to the point that ambulation would be detrimental to the client's health (e.g., cancer, cystic fibrosis, cardiac conditions, etc.) may also be considered.

Eligible clients may receive a manual wheelchair in addition to a power 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 power wheelchair, the CSHCN Services Program 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 3-year period without documentation of medical necessity for a second or replacement wheelchair. If the wheelchair is stolen or damaged in an accident before it is scheduled to be replaced, a police report must be submitted with the authorization request form to justify replacing it.

Rental must be considered for short-term needs when the total rental cost is expected to be less than the purchase price. If public funds were used to pay for a wheelchair within the last 3 years, specific justification is required to prior authorize a new chair.

If an immediate need for a wheelchair is indicated in the CSHCN Services Program Wheelchair Seating Evaluation Form and the CSHCN Services Program has approved a wheelchair, DME providers are required to provide a loaner wheelchair free of charge until the approved equipment is delivered to the client.

17.3.19.4 Custom Manual Wheelchairs

When any custom wheelchair or seating system is requested, the CSHCN Services Program requires an assessment utilizing the CSHCN Services Program Wheelchair Seating Evaluation Form to be submitted by a PT or OT not employed by a DME provider. Assessments are also required when an existing seating system is being modified. CSHCN Services Program-approved custom DME providers are required to submit these forms with their requests for prior authorization.

Requests for customized manual 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. Requests must also include the MSRPs for the individual components, including justification for components that would be considered part of the wheelchair. The CSHCN Services Program requires that the manufacturers' price sheets be submitted along with price quotes at the time of submission for authorization. If a price change occurs after the authorization has been granted, the provider must submit new price sheets with the claim to document the price changes so that the price discrepancy between the authorization and the claim can be manually reviewed.

17.3.19.5 Power Wheelchairs

Model-specific power wheelchairs, including three-wheelers and scooters, must be prior authorized. Eligible children may receive, or already have, a manual wheelchair or travel chair in addition to the power wheelchair. No more than one electric wheelchair may be authorized in a 5-year period without documentation of medical necessity for a second or replacement wheelchair. If public funds were used for payment of a power wheelchair within the last 5 years, medical justification is required to give authorization for a new power wheelchair. If the wheelchair is stolen or damaged in an accident before it is scheduled to be replaced, a police report must be submitted with the authorization request form to justify replacing the equipment.

Requests for customized 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. Requests must also include the MSRPs for the individual components, including justification for components that would be considered part of the wheelchair. The CSHCN Services Program requires that the manufacturers' price sheets be submitted along with price quotes at the time of submission for authorization. If a price change occurs after the authorization has been granted, the provider must submit new price sheets with the claim to document the price changes so that the price discrepancy between the authorization and the claim can be manually reviewed.

17.3.19.6 Approval Criteria for Power Wheelchairs

Written requests for prior authorization of power wheelchairs should be submitted on a CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form. A CSHCN Services Program Wheelchair Seating Evaluation Form completed by an OT or PT not employed by the DME provider requesting the equipment modification must be submitted with the authorization request.

Note: *The physician's signature is only required on page 1 of the form in the Statement of Medical Necessity section. Providers must submit page 1 of the form to TMHP. Pages 2 through 5 are only required for certain DME requests. Refer to the text under the form title to determine which of these pages must be submitted in addition to page 1.*

17.3.19.6.1 Age

Power wheelchairs can be approved for clients who are 18 months to 21 years of age (the normally developing child begins to walk and explore between 18 months to 2 years of age). The CSHCN Services Program supports providing power wheelchairs to match normal developmental milestones.

17.3.19.6.2 Level of Physical Function

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

- The child is unable to self-propel a manual wheelchair, even if adapted
- Self-propulsion is possible, but activity is extremely labored leaving the child exhausted at the 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

17.3.19.6.3 Cognitive Level

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

The client's level of judgment and impulse control must be such that the wheelchair will be used appropriately with minimal risk of either accidental or intentional injury to self or others.

17.3.19.6.4 Environmental Assessment

The therapist assessing the client is required to ask pertinent questions found on the CSHCN Services Program Wheelchair Seating Evaluation Form to ensure safe use and selection of the appropriate power wheelchair that will best serve the client.

17.3.19.7 Wheelchair Battery

A battery charger and initial batteries are included as part of the purchase price of a power wheelchair.

Replacement batteries and/or a replacement battery charger for a power wheelchair require prior authorization. The provider must submit the date of purchase and serial number of the client's currently owned wheelchair as well as the reason for the replacement batteries and/or the replacement battery charger. Documentation must include why the batteries and or battery charger no longer meets the client's needs.

17.3.19.8 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 authorized based on the individual client's seating or positioning needs as detailed in the CSHCN Services Program Wheelchair Seating Evaluation Form.

17.3.19.9 Wheelchair Power Elevating Leg Lifts

Power elevating leg lifts (procedure code E1010) may be prior authorized for clients who have compromised upper extremity function that limits the client's ability to use manual elevating leg rests. The client must meet criteria for a power wheelchair with a reclining back and one of the following:

- A musculoskeletal condition such as flexion contractures of the knees and legs or the placement of a cast or brace that prevents 90 degree flexion at the knee
- Significant edema of the lower extremities that requires having an elevating leg rest
- Hypotensive episodes that require frequent positioning changes
- Required to maintain anatomically correct positioning and reduce exposure to skin shear in clients needing power tilt and recline

The submitted documentation must include an assessment completed by a physician, physical, or occupational therapist that includes:

- A description of the client's current level of function without the device.
- Documentation identifying how the power elevating leg lifts will improve the client's function.
- What MRADLs the client will be able to perform with the power elevating leg lifts that he or she is unable to perform without the power elevating leg lifts and how this will increase independence.
- The client's goals for use of the power elevating leg lifts.
- A power elevating leg lifts option will not be authorized for the convenience of a caregiver, or if the device will not allow the client to become independent with MRADLs.

17.3.19.10 Wheelchair Power Seat Elevation System

Use of a power seat elevation system will:

- Facilitate independent transfers, particularly uphill transfers, to and from the wheelchair with less upper arm strain.
- Augment the client's reach to facilitate independent performance of MRADLs in the home, school, or community.

A power seat elevation system may be prior authorized to promote independence in a client who meets both of these criteria:

- Does not have the ability to stand and pivot transfer independently.
- Has limited reach or range of motion in the shoulder or hand that prohibits independent performance of MRADLs, (such as bathing, dressing, feeding, grooming, hygiene, meal preparation, and toileting).

The submitted documentation must include an assessment completed by a physician, physical, or occupational therapist that includes:

- A description of the client's current level of function without the device.
- The duration of time the client is alone during the day without assistance.
- Documentation identifying how the seat lift will improve the client's function.
- What MRADLs the client will be able to perform with the seat lift that he or she is unable to perform without the wheelchair seat lift and how this will increase independence.
- The client's goals for use of the power seat elevation system.

A power seat elevation system option will not be authorized for the convenience of a caregiver, or if the device will not allow the client to become independent with MRADLs and transfers.

17.3.20 Portable Wheelchair Ramps

Providers must submit documentation of medical necessity with the request for authorization form. The CSHCN Services Program may authorize and reimburse portable or threshold ramps only. A portable ramp is defined as a ramp that is not physically attached to the dwelling, that may be moved (disassembly may be required, such as in the case of a modular ramp), and that meets the standards as set by the *Americans with Disabilities Act*.

Portable wheelchair ramps that allow access to the client's home may be authorized if the need is documented. The CSHCN Services Program may approve requests for ramps to allow access to two entrances to the client's home. Once two accessible entrances are provided, the client or family is not

expected to require another ramp or a replacement ramp. Requests for a replacement ramp 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. The CSHCN Services Program does *not* replace portable ramps due to a client's relocation. Ramps may need to be modified to fit a different dwelling if the client moves. The CSHCN Services Program considers the required modifications for reimbursement rather than the purchase of a replacement ramp.

17.3.21 Noncovered Rehabilitative and Therapeutic DME

Noncovered rehabilitative and therapeutic DME includes, but is not limited to:

- Adaptive furniture, bolsters, and wedges.
- Corner chairs and floor sitters.
- Creepers.
- Home modifications, including ramps (except portable ramps for wheelchairs).
- Hydrocollators.
- Parallel bars.
- Powered equipment, including ceiling or track lifts (except 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 the authorization request form.

17.3.22 Repairs and Modifications

The term *repair* is used to describe replacing existing parts or accessories. The term *modification* is used to describe adding or changing parts or accessories. If the item was purchased by the program or through another source, and is a CSHCN Services Program-approved item (e.g., hospital bed, stander, or wheelchair), the item may be authorized. All manufacturers' warranties must be upheld. Providers must submit the CSHCN Services Program Prior Authorization and Authorization Request for Durable Medical Equipment (DME) Form for repairs or modifications.

Powered equipment (electronics) may be repaired only by DME vendors who are authorized by the specific manufacturer to repair electronics.

Authorization requests for wheelchair repairs or modifications for an existing seat system must be submitted with an assessment and completed CSHCN Services Program Wheelchair Seating Evaluation Form.

Repairs and modifications must be cost-effective. The cost of a new piece of equipment must be considered when the total cost of repairs and modifications will be greater than $1,000.00. The age of the current equipment and the amount of time that remains until the original equipment may be replaced (e.g., every three years for a manual wheelchair and every five years for a power wheelchair), must be considered when reviewing a request for repairs or modifications. Providers must use procedure code K0739 when requesting authorization and submitting a claim for reimbursement of repairs.

17.4 Documentation of Receipt

When the equipment is delivered, providers must complete the CSHCN Services Program Documentation of Receipt form. The 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.

The documentation of receipt form is available in both English and Spanish.

Providers must retain individual delivery slips or invoices for each 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.

17.5 Rental of Equipment

Rental of equipment includes all necessary accessories, supplies, adjustments, repairs, and replacement parts.

17.6 Claims Information

Modifier RR must be used for DME rental equipment, and modifier NU must be used for the purchase of new DME equipment. Home health DME providers must use the DM3 benefit code when submitting claims and authorization requests.

DME 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 information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

> ***Note:*** *The CSHCN Services Program reimburses prior authorized custom DME even if the client is no longer eligible to receive services when the equipment is delivered. Claims must be submitted with a valid authorization number for the custom DME procedure code.*

Refer to: Chapter 41, "TMHP Electronic Data Interchange (EDI)" for information on electronic claims submissions.

Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for general information about claims filing.

Section 5.7.2.4, "CMS-1500 Paper Claim Form Instructions" in Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

The provider must submit the delivery date as the date of service along with the appropriate procedure codes when requesting authorization and when submitting claims.

The CSHCN Services Program requires that manufacturers' price sheets be submitted along with price quotes at the time of submission for authorization. If a price change occurs after authorization, the provider must submit new price sheets with the claim to document the price changes so the price discrepancy between the authorization and claim can be manually reviewed.

All claims and authorization requests submitted by CSHCN Services Program home health DME providers must be submitted with benefit code DM3.

The Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes included in policy are subject to National Correct Coding Initiative (NCCI) relationships. Exceptions to NCCI code relationships that may be noted in CSHCN Services Program medical policy are no longer valid. Providers should refer to the Centers for Medicare & Medicaid Services (CMS) NCCI web page for correct coding guidelines and specific applicable code combinations. In instances when CSHCN Services Program medical policy quantity limitations are more restrictive than NCCI Medically Unlikely Edits (MUE) guidance, medical policy prevails.

17.7 Reimbursement

Items or services addressed in this chapter are reimbursed by the lessor or one of the following:

- The provider's billed charges.
- A maximum fee determined by CSHCN.
- Manual pricing based on the retail price minus a discount as determined by CSHCN.

  Note: *Manual pricing is based on the manufacturer's suggested retail price (MSRP) less 18 percent or average wholesale price (AWP) less 10.5 percent whichever is applicable or the provider's documented invoice cost. The MSRP, AWP, or the documented invoice cost must be submitted with the appropriate procedure code to be considered for reimbursement.*
- *Noncustomized.* The lessor of the billed amount or the maximum fee allowed by the CSHCN Services Program.
- *Customized, nonpowered equipment (e.g., manual wheelchairs).* The lower of the billed amount or the MSRP less 18 percent.
- *Power wheelchairs.* The lower of the billed amount or the MSRP less 18 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.* Providers may be reimbursed for repairs and modifications at the MSRP of the part minus 18 percent, plus labor time for all equipment or wheelchairs including standard or custom and powered or nonpowered. Actual shipping costs may be reimbursed if the component is serviced at a regional center. Replacement versus repair costs must be considered.
- *Replacement batteries and/or replacement battery chargers*. Replacement batteries and/or replacement battery chargers may be considered for reimbursement if no longer under warranty. Batteries and battery chargers will not be considered for replacement within the first six months of delivery to the client. Batteries and battery chargers within the six months after delivery are considered part of the purchase price. A maximum of one hour of labor may be prior authorized to install new batteries. Labor will not be prior authorized for a new power wheelchair or for replacement battery chargers.
- *Battery disposal fees, taxes, and other associated DME charges*. The CSHCN Services Program does not reimburse providers separately for associated DME charges including, but not limited to, battery disposal fees or state taxes. Reimbursement for associated charges is included in the reimbursement for the specific piece of equipment.

For fee information, providers can refer to the Online Fee Lookup (OFL) on the TMHP website at www.tmhp.com.

Important: *The provider must agree to accept the CSHCN Services Programs reimbursement as payment in full.*

The CSHCN Services Program implemented rate reductions for certain services. The OFL includes a column titled "Adjusted Fee" to display the individual fees with all percentage reductions applied. Additional information about rate changes is available on the TMHP website at www.tmhp.com/resources/rate-and-code-updates/rate-changes.

Note: *Certain rate reductions including, but not limited to, reductions by place of service, client type program, or provider specialty may not be reflected in the Adjusted Fee column.*

17.8 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 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.