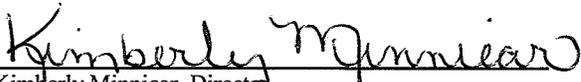


Children's Special Health Care Services Administrative Policy Manual

Benefit – Limited Services Policy # C-2c

Durable Medical Equipment Authorized Equipment List PA Dept.


Kimberly Minniear, Director
Children's Special Health Care Services (CSHCS)

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Date

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Assistive Devices

- Rental – short-term
- If long-term use is documented, purchase may be approved if more cost effective.
- Replace as needed for growth and/or change in medical condition:
 - Crutches
 - Gait Trainers
 - Prone Standers
 - Tri-standers
 - Walkers (Trays are not provided.)

Apnea Monitor

- Rental available – short-term
- Authorize for from six (6) months, up to twelve (12) months maximum, per request.

Bath Equipment

- Child must be at least two (2) years old and weigh at least forty (40) pounds.
- Requires a Letter of Medical Necessity from a CSHCS physician.

Blood Pressure Equipment – (1 time purchase only, with prescription from CSHCS physician). This consists of:

- Blood Pressure Cuff
- Stethoscope

Braces & Special Brace Socks

- Requires a Letter of Medical Necessity or prescription from a CSHCS physician.
- Replace as needed for growth.

Bi-Pap & C-Pap

- Rental available – short-term
- Authorize for from six (6) months, up to twelve (12) months maximum, per request.

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Cochlear Implant – (see Cochlear Implant Policy)

Eyeglasses – (see Vision Policy)

Gastrostomy (G) Tube/Button & associated tubing & syringes

- Requires a Letter of Medical Necessity or prescription from a CSHCS physician.

Hearing Aids

- Digital & Analog Programmable Hearing Aids are provided.
- Hearing Aids may be replaced on a five (5) year schedule, as needed for growth.
- Dri-aid kits are covered & should be provided with each Hearing Aid set purchase.
- Batteries (disposable type) are covered. Providing thirty (30) batteries per device every six (6) months is recommended.

Helmet

- Authorized for Participants with seizure disorder.
- May be replaced, as needed for growth.
- Authorized for other medical conditions with Letter of Medical Necessity from CSHCS physician.

Holter Monitor

- Rental only, for very brief time period.

Home Dialysis Machine

- Rental available, however this is an exceptional situation requiring approval of one of the Supervisor.

Infusion Pumps for Intravenous and/or Gastric feedings

- Rental available – short-term
- If long-term use is documented, purchase is approved if more cost effective.

Insulin Pump

- Prescription is required from an endocrinologist.
- Participant has Dawn Phenomena.
- Participant requires multiple injections, but in spite of good compliance with prescribed regimen is unable to achieve good control.

Orthopedic Shoes

- Provided only if shoes are to be attached to a brace.
- Shoe lifts, inserts, wedges, supports, etc. may be authorized with Medical Necessity documented.
- Replace as needed for growth and/or change in medical condition.

Oxygen

- Tank rental only.

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Prosthesis

- Authorized with appropriate medical documentation
- Replace as needed for growth and/or change in medical condition.
- Stump socks.

Pulmoaide/Pulmomate

- Repair or replace as needed.

Roche Coagucheck System

- Instrument & supplies (test strips & controls) may be authorized (Billing Code for instrument & supplies would be E1399) with appropriate medical documentation showing:
 - The patient has a mechanical prosthetic heart valve, or a diagnosis of congenital heart disease requiring restrictions and anticoagulant medication, and
 - The patient is using oral anticoagulants, and
 - Monitoring of anticoagulation therapy is required & ordered weekly or more frequently.
- Replacement of an instrument would normally be authorized after the five (5) year warranty period, when needed.

Safety Seating Device (includes car seats, harness)

- Device must meet Federal Motor Vehicle Safety Standards #213
- Replace as needed for growth.

Saline

- With a prescription, if documented for medical purposes.

Splints

- Replace, as needed for growth and/or change in medical condition.

Suction Machine

- Rental – short-term
- If long-term use is documented, purchase may be approved if more cost effective.

Pulmonary Therapy Vest

- Must have had two (2) or more hospital admissions in last twelve (12) months for Cystic Fibrosis.
- Must have **no** caretaker at home to provide chest therapy or documentation shows chest therapy not adequate.
- Must have Letter of Medical Necessity from CSHCS physician.
- Limit of one (1) vest generator per family.

Ventilator

- Rental only – short-term
- If long-term use is documented, purchase may be approved if more cost effective.

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Wheelchair

- The purchase of a wheelchair will be considered within the following guidelines:
 - A CSHCS physician has documented in a Letter of Medical Necessity the severity of the need, which is related to an eligible medical condition.
 - An electric wheelchair will **not normally** be authorized for Participants below the age of six (6) years.
 - Replacement of a wheelchair or wheelchair components will normally be authorized, if needed for growth and/or medical condition, base upon the length of time since the most recent previous wheelchair or that component was purchased (irrespective of who paid (i.e. Participant, other insurance, government health care program (to include Medicaid) or CSHCS), no more frequently than:

<u>Participant's Age</u>	<u>Length of Time</u>
3-6 years of age	3 years
7-12 years of age	4 years
12-21 years of age	5 years

- **Manual wheelchairs costing more than \$5,000 and Electric wheelchairs costing more than \$20,000 requires approval of the Supervisor.**