



State of California
Department of Health Services



California Department of
Health Services
MS. BONTA, R.N.,
Director

GRAY DAVIS
Governor

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Index: Durable Medical Equipment

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS,
CHIEF/SUPERVISING THERAPISTS, MEDICAL THERAPY
UNIT (MTU) STAFF, AND STATE CHILDREN'S MEDICAL
SERVICES (CMS) STAFF AND REGIONAL OFFICE STAFF

SUBJECT: REVISED CCS GUIDELINES FOR RECOMMENDATION
AND AUTHORIZATION OF RENTAL OR PURCHASE OF
DURABLE MEDICAL EQUIPMENT-REHABILITATION
(DME-R)

PURPOSE

The purpose of this numbered letter is to:

- I. Establish CCS policy for authorization for rental or purchase of DME-R
- II. Distribute revised CCS guidelines titled CCS "**Guidelines for Recommendation and Authorization of Durable Medical Equipment-Rehabilitation (DME-R)**" (Guidelines)
- III. Establish the Guidelines as an independent document that can be readily updated
- IV. Establish policy for the use of the enclosed Guidelines document.

These Guidelines and criteria are necessary to assist in determination of the medical necessity of requested DME-R items that are a benefit of the CCS Program. This Numbered Letter (N.L.) and the enclosed Guidelines supersede the DME guidelines issued in February 1991 entitled "CCS DME Guidelines for Recommendation for Purchase of DME-R" and N.L. 08-0291 and N.L. 23-0793.

1515 K St, Suite 400, MS 8100, P.O. BOX 942732
Sacramento CA 94234-7320 916-327-1400

DEFINITIONS

For purposes of this N.L. the following definitions shall apply:

- I. DME-Rehabilitation: Those assistive devices/equipment items that are designed to assist a child with mobility or self-care activities, including communication.
- II. Criteria: Those specific medical or physical conditions that are required to justify authorization of the requested DME-R.
- III. Related Factors: Issues and considerations that assist in determining the appropriateness of the DME-R item being recommended.
- IV. Medical Necessity: That limitation of a mobility or self-care skill related to a CCS eligible medical condition which is verified by physical findings and which justifies the DME-R being authorized.

BACKGROUND

CMS Regional Offices and Independent County CCS programs authorize rental or purchase of medically necessary DME-R for CCS medically eligible children who are also financially eligible through Medi-Cal, CCS or Healthy Families (HF). The client for whom the DME-R is to be authorized is eligible for the general CCS Program when:

- I. The parent (s) have completed CCS Program eligibility requirements and have signed the CCS Program services agreement, or
- II. The client is a Medi-Cal beneficiary, full scope, no share of cost,

or
- III. The client is a HF subscriber.

Recommendations for DME-R originate from a variety of sources including the client's family, caregiver, school, non-CCS physicians, vendored therapists outside of the CCS Program, DME providers, CCS MTU therapists and from CCS Program staff. All recommendations are evaluated for medical necessity based on the physical findings that are related to the CCS eligible medical condition.

CMS provides DME-R to two groups of CCS medically eligible children:

I. Medical Therapy Program (MTP) participants

Children who are MTP eligible and receive MTU services receive physician services (if they are not HMO or CCS special center clients) and therapist evaluations and therapy services at the MTU. The MTU staff therapist may recommend DME-R based either upon the MTU assessment of the child or the therapist's evaluation of a request originating outside of the MTU. The MTU therapist then submits a request for authorization in conjunction with a DME provider who has evaluated the child and provided equipment specifications.

II. Children who do not participate in the MTP

Children who are not MTP eligible or choose not to participate in the MTP receive case management services by either the CCS independent county chief/supervising therapist or designee or CMS Branch therapy consultant. The DME provider submits requests for DME-R for these children to the CCS county office or CMS Branch Regional Office. The therapist is responsible for assuring the necessary evaluations of the child are performed and documentation gathered in order to evaluate recommendations for DME-R.

All recommendations must be approved by a CCS paneled physician who is approved to treat the child's CCS eligible medical condition for which rehabilitative services are necessary. This may not be the MTC physician since all children are not followed in the MTC. Requests for authorization to rent or purchase are then submitted to either the CCS independent county medical consultant, chief/supervising therapist or designee or CMS Branch therapy consultant who is responsible for the final decision whether to authorize.

County CCS Chief/Supervising therapists and CMS Branch therapy consultant staff developed the DME-R Guidelines accompanying this numbered letter.

Updates to the Guidelines will be issued periodically through the CCS numbered letter process in order to address new DME-R approved by the Branch.

The enclosed Guidelines include significant new information not contained in the previous CCS DME Guidelines:

- Classification of items as self-care or mobility equipment
- Expanded general principles for authorization of rental or purchase of all DME-R
- Updated Speech Generating (SG) devices guidelines (previously known as Synthesized Speech Augmentative Communication devices)
- Expanded item-specific criteria
- Expanded designation of commonly requested items that are not CCS benefits
- Health Care Financing Administration Common Procedural Coding System (HCPCS) codes required for requests and authorization of rental or purchase of all DME-R and accessories
- Designation of DME-R that is not a benefit of the Medi-Cal Program and may be authorized only as an EPSDT Supplemental Service (EPSDT-SS) benefit and may require Branch review of the request
- Designation of DME-R that requires a home, school or community assessment prior to submission of the request for authorization

The enclosed Guidelines is comprised of the following components:

- Cover Page
- Table of Contents
- Summary of the policies in this N.L. and the purpose and principles of authorization for DME-R
- Items that are not a CCS benefit

- DME-R Table for Specific Item Categories
- Attachment 1 - Non Verbal Indicators

The enclosed Guidelines document is separate from this N.L. and formatted to allow easy addition of supplemental pages and updates when CCS approves new DME-R as a benefit.

POLICY

- I. Each CMS Regional Office and Independent County CCS Program is responsible for following policy in this N.L. and the enclosed Guidelines when authorizing rental or purchase of DME-R as a CCS benefit, for both children participating in the MTP and those who are not eligible. CCS Program administrative staff are to ensure that copies of the DME-R Guidelines are available to MTP and CCS medical case management staff responsible for recommending and authorizing DME-R for CCS-eligible children.
- II. DME-R items listed in the Guidelines are benefits of the CCS Program and may be authorized only when prescribed by a CCS paneled physician who is approved to treat the child's CCS eligible medical condition for which rehabilitative services are necessary, and who has examined the child within the past six months. If the recommending or prescribing physician is not a CCS-paneled physician approved to treat the child's CCS eligible medical condition, the request shall be reviewed by the CCS approved paneled physician for concurrence prior to submission for authorization.
- III. CCS shall authorize DME-R only for the purpose of improving mobility and self-care activities, including communication, when limited by the child's CCS eligible medical condition.
- IV. CCS shall authorize purchase, rental, repair or modification of a DME-R item or component only when the program considers the item medically necessary for the child.

- V. DME-R authorized for rental or purchase must be portable to allow it to regularly accompany the child to multiple activity locations or change of residence without requiring installation or alteration beyond that which the family/care provider can practically and safely perform without outside assistance.
- VI. CCS shall not authorize DME-R that is solely for the purpose of caregiver convenience.
- VII. Alterations or improvements to real property are not covered. CCS does not authorize DME-R or accessories or any part of a DME-R item that requires permanent installation or modifications to a building, structure or vehicle.
- VIII. CCS shall authorize the least costly item available that will meet the medical needs, safety and growth of the child. Any other request requires medical justification why the less costly item is not adequate.
- IX. The following are included in the monthly reimbursement for all rented DME-R, and shall not be separately authorized or reimbursed:
 - A. Assembly and delivery, including assembly labor
 - B. Modifications, repairs or adjustments
 - C. Patient education
 - D. All accessories or supplies required for the use of the item
 - E. Servicing of the item
- X. The following are included in the purchase cost of all newly purchased DME-R and shall not be separately authorized or reimbursed:
 - A. Assembly and deliver, including assembly labor
 - B. Modifications or adjustments
 - C. Patient education
 - D. Repairs if item fails during the warranty period

- XI. Purchased DME-R shall be warranted for a minimum of six months from the date of delivery. No repair, parts or labor shall be authorized during the warranty period if the repair is due to a defect in material or workmanship.
- XII. In order for CCS to take delivery of a DME-R item(s), the item must meet the following criteria:
 - A. Has been authorized by the CCS Program
 - B. Allows for reasonable growth
 - C. Meets either the medical, functional or safety needs for which it was authorized
- XIII. HCPCS codes shall be used to request, authorize and claim for DME-R.
 - A. Codes are provided in the Guidelines for this use, but these codes are subject to change by the Medi-Cal Program. Therefore CCS staff are responsible for verifying that these codes are still correct and current at the time they are used. This information is available in the Medi-Cal Allied Health Provider Manual and in Title 22, both available on the Medi-Cal Website at www.Medi-Cal.ca.gov.
 - B. A "miscellaneous" or "by report" code (i.e. E1399, etc.) may be used only when there is no existing HCPCS code that generally describes the item being provided. Additions of minor enhancements or features not in the basic description of the code do not usually justify use of E1399 code.
- XIV. CCS may authorize speech therapy for the initial training/orientation in the use of an SG device. Subsequent training/programming is not the responsibility of CCS.
- XV. The decision to establish new DME-R as a CCS benefit is the responsibility of the CMS Branch Office. This procedure is delineated in N.L.: 12-0490.
- XVI. County CCS programs shall consult their Regional Office Therapy Consultant on requests or inquiries regarding DME-R items that do not match a category in the Guidelines.

POLICY IMPLEMENTATION

- I. RECOMMENDATIONS for purchase or rental of DME-R for MTP participants:
 - A. Recommendations for purchase or rental of DME-R for MTP participants usually originate from the MTU staff based on the MTU assessment of the child, but some may originate outside the MTU. These shall be submitted to the appropriate MTU for review, including those recommendations that are initially submitted to the County CCS office.
 - B. The MTU therapist shall review and assess all recommendations and shall obtain medical evaluations when necessary to complete the assessment.
 - C. Recommendations for new or modified DME-R shall include all of the following documentation:
 1. Signed report/prescription from the CCS paneled physician who is approved to treat the child's CCS eligible medical condition and who has examined the child within six months, which includes all of the following information:
 - Identification of the CCS eligible medical condition for which the item is being recommended
 - The physical findings which justify the recommendation, and description of how the item(s) will assist in mobility or self-care activities, including communication
 - List of specific DME-R items and all accessories requested
 - Medical justification for any item that is not the least costly item available that will meet the needs of the child
 2. Report of a physical therapy or occupational therapy evaluation of the child documenting physical findings that require use of the requested DME-R

3. Report of a speech therapy evaluation documenting findings that require use of an SG devices
4. Report of evaluation of child's home, school or community, when indicated

D. The CCS paneled physician who is approved to treat the child's CCS eligible medical condition shall review the request and after approval shall submit it to a DME provider to complete the request for authorization of rental or purchase.

II. REQUESTS for Authorization of rental or purchase of DME-R:

A. MTP participants

1. THE DME provider or the County shall submit requests for authorization of rental or purchase of DME-R for children who are participating in the MTP. The request shall include all of the following information unless otherwise specified:
 - a) A complete detailed description of each item and all accessories, including the Medi-Cal HCPCS code(s) for each item/accessory.
 - b) The cost of each individual item or accessory
 - c) A copy of the manufacturer's catalog pages identifying the manufacturer and providing a detailed description and cost of each item for all items and accessories being requested with a miscellaneous (unlisted) Medi-Cal code (E-1399, X-2990, X-3160, X-3162, X-3266, and others) or "by report" code (X-2996, X-2998 and others)
 - d) When appropriate, labor time/hourly charge and description of actual labor provided for all custom labor requests (except rented or newly purchased items. See Sections IX- XI).
2. The MTU therapist shall review the request for authorization and when complete will forward it to the County CCS chief/supervising therapist or the CMS Branch therapy consultant for review.

B. Non MTP participants

1. The requesting DME Provider shall submit requests for authorization of rental or purchase of DME-R for children who are not participating in the MTP to the CCS county office or CMS Branch Regional Office. The request for authorization shall then be submitted to either the CCS independent county chief/supervising therapist or designee or CMS Branch therapy consultant for review.
2. The CCS independent county chief/supervising therapist or designee or CMS Branch therapy consultant therapist is responsible for authorizing any necessary medical evaluations of the child required to assess the request for authorization including physical therapy, occupational therapy or speech therapy evaluations.
3. The documentation required to assess the request includes all of the items described in Sections I.C.1, I1.A.1.a-d, and items I.C.2-4 when indicated.

III. AUTHORIZATION for Rental or Purchase of DME-R and Accessories

- A. Either the chief/supervising therapist or qualified designee in independent counties or the state regional office therapy consultant or designee for dependent counties shall review completed requests for medical necessity and authorization.
- B. The authorization for DME-R and accessories shall include all of the following:
 1. The DME-R provider name and address
 2. Description of each item and all accessories authorized
 3. Effective dates of authorization
 4. HCPCS codes for each item and accessories authorized

5. Reimbursement authorized for each item or accessories that use an unlisted or "by report" code.
 6. Authorized charges for labor for repair of previously purchased equipment no longer under warranty.
 7. Claiming instructions as in Section IV.A.
- C. Requests for authorization of DME-R items that are not a benefit of the Medi-Cal Program, whether they are a CCS benefit or not, may potentially be authorized as EPSDT-SS for children with full-scope Medi-Cal with no share of cost.
1. All such requests shall be submitted to the CMS Branch for consideration as EPSDT-SS when the item has been identified in the DME Table with an "(E)" in the equipment column. Automobile Orthopedic Positioning Devices (AOPD) are an exception to this requirement as the Regional Office or Independent County CCS Program may authorize them in accordance with N.L. 17-1199.
 2. The CCS chief/supervising therapist or designee or CMS Branch therapy consultant shall review all potential EPSDT-SS requests prior to submission to the Branch Office.
 3. Please submit EPSDT-SS requests with a completed EPSDT-SS Worksheet and supporting documentation to*:

EPSDT-SS Coordinator
Children's Medical Services
Branch Program Case
Management Section MS-8100
P.O. Box 942732
Sacramento, CA 94234-7320
FAX (916) 327-1144

*Please note that counties that are participating in the EPSDT-SS County/State Collaboration Project do not submit requests to Sacramento.

IV. Submission of Claims for DME-R

- A. Providers shall be instructed to claim using their CGP number if the CCS client does not have Medi-Cal eligibility. This includes clients with Healthy Families or Medi-Cal with a share of cost.
- B. Providers shall be instructed to claim using their Medi-Cal provider number if the CCS client is a beneficiary of Medi-Cal.
- C. Providers shall be instructed that claims for EPSDT-SS must be on a separate claim form and not combined with DME-R that is a benefit of Medi-Cal.
- D. CMS Regional Offices and Independent County CCS programs shall follow the guidelines in the CCS/GHPP Provider Manual (November 1998) Allied Health Provider section and N.L.: 05-0896 when reviewing claims for DME-R.

If you have any questions regarding this N.L.: 09-0703 or the Guidelines, please contact your regional Office Therapy Consultant.

ORIGINAL SIGNED BY

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

**CALIFORNIA CHILDREN'S SERVICES (CCS) GUIDELINES FOR RECOMMENDATION
AND AUTHORIZATION OF DURABLE MEDICAL EQUIPMENT-REHABILITATION (DME-R)
Attachment I**

Indicators for identifying non-verbal children with Speech Generating (SG)
device utilization potential

- The child establishes eye contact.
- The child is aware of his/her environment and changes that occur in the environment.
- The child attempts to control his/her parents or others in the environment.
- The child displays curiosity.
- The child indicates want/needs/preferences.
- The child shows interest in toys.
- The child responds to his/her name.
- The child demonstrates grasp of cause/effect concepts.
- The child follows 1-step commands.
- The child demonstrates understanding of "yes" and "no".

CCS Guidelines for Recommendation and Authorization of
Durable Medical Equipment-Rehabilitation (DME-R)

Revised June 2003

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**CALIFORNIA CHILDREN'S SERVICES (CCS) GUIDELINES FOR
RECOMMENDATION AND AUTHORIZATION OF
DURABLE MEDICAL EQUIPMENT-REHABILITATION (DME-R)**

Revised: June 2003

PURPOSE

These guidelines are issued to accompany **NL 09-0703** and are to be used by county CCS programs and Children's Medical Services (CMS) regional offices for the following purposes:

- 1) Identify DME-R items that are a benefit of the CCS Program for an individual whose CCS eligible medical condition prevents full participation in functional activities in the home and in the community.
- 2) Establish medical necessity, criteria and related factors which must be met prior to recommending purchase or rental of DME-R to the Medical Therapy Conference (MTC) team or private physician/Special Care Center (SCC).
- 3) Assist CCS staff in making timely and appropriate DME-R decisions.
- 4) Assist county CCS programs and CMS regional offices in achieving uniformity in review, assessment and authorization of rental or purchase of DME-R.
- 5) Assist physicians when prescribing DME-R for CCS medically-eligible children.
- 6) Differentiate between DME-R items that should be authorized as CCS/Medi-Cal benefits and those that require submission for Early and Periodic Screening, Diagnosis and Treatment Supplemental Services (EPSDT-SS) approval.
- 7) Provide a resource for staff training/orientation.
- 8) Assist in early identification of medically eligible children, including those of preschool age, with oral-motor dysfunction such as dysarthria and/or significant speech delays, who demonstrate potential need for speech generating (SG) devices.
- 9) Delineate the role of CCS in providing assistive devices for speech generation, including selection of appropriate methods of activating communication equipment.
- 10) Delineate the role of CCS in training CCS clients to use speech generating devices, including optimum positioning for the child and optimum switch assessment/access for operating an SG device.

As per NL 09-0703, County CCS programs shall consult their Regional Office Therapy Consultant on requests for or inquiries regarding DME-R items that do not match a category in the Guidelines.

These Guidelines have been developed by a committee of county CCS child supervising therapists and medical therapy unit supervisors with assistance from CMS Branch therapy consultants. CMS Branch staff wish to express their appreciation to all of the CCS therapists who contributed to the revision of these guidelines.

SUMMARY OF GENERAL POLICY REGARDING THE RECOMMENDATION AND AUTHORIZATION OF DME-R (REFER TO NL 09-0703 FOR COMPLETE POLICY GUIDELINES)

1. DME-R shall not duplicate or serve essentially the same purpose as existing equipment. Philosophical differences or convenience of parents, care providers, agencies or therapists does not justify authorization of DME-R when existing equipment is functional or can be safely repaired or modified to meet the child's needs.
2. DME-R predominantly for school-use (such as, but not limited to, equipment that the IEP team finds necessary for the child to benefit educationally from his/her instructional program) is the responsibility of the local education agency.
3. CCS authorizes standard DME-R that is the most cost effective to meet the medical, growth and safety needs of the child.
4. DME-R purchased for the child by CCS or Medi-Cal becomes the property of the individual child.
5. CCS shall not authorize DME-R that is solely for the purpose of caregiver convenience.
6. DME-R items listed in the Guidelines are benefits of the CCS Program and may be authorized only when prescribed by a CCS paneled physician who is approved to treat the child's CCS eligible medical condition, and who has examined the child within the past six months. If the recommending or prescribing physician is not a CCS-paneled physician approved to treat the child's CCS eligible medical condition, the request shall be reviewed by the CCS approved paneled physician for concurrence prior to submission for authorization.
7. DME-R that is covered by the daily reimbursement of an ICF, SNF, pediatric day care etc. shall not be authorized by CCS. Unique, customized items may be authorized by CCS if they have maintained case management responsibility.
8. CCS does not authorize DME-R (or any part of a DME-R item) that involves permanent installation or alteration to a building/structure/vehicle.
9. CCS shall not separately authorize for installation, labor, shipping, delivery, assembly or patient instruction for rented or newly purchased DME-R. The cost of these services is included in the reimbursement for the purchase or rental of the equipment.
10. Medical justification is necessary when authorizing a DME-R item using an unlisted HCPCS code, (ex. E-1399, X-2990, X-3160, X-

3162, X3078, K0541-
K0547, X3268-X3270) when a listed item will generally meet the needs of the child. Minor modifications and enhancements of a listed item does not justify the use of an unlisted code.

11. A non-verbal child who exhibits any of the indicators (See Attachment I) and has no documentation of having received a hearing evaluation, shall be referred by the medical therapy conference team or equivalent for a complete audiological evaluation.

SUMMARY OF PRINCIPLES REGARDING THE RECOMMENDATION AND AUTHORIZATION OF DME-R

1. DME-R should be adjustable to accommodate growth whenever possible.
2. The physical structure and setting of the home, when applicable, should accommodate the DME-R.
3. Assessment of the child using the equipment (or similar item) in the appropriate environment shall be made prior to purchase of DME-R (i.e. home assessment, classroom visit etc).
4. The family (and child) should be accepting of the DME-R item, able to care for, and if appropriate, transport the DME-R, when necessary.
5. When appropriate, functional use of the DME-R shall have been **DEMONSTRATED** and **DOCUMENTED** appropriately for a sufficient period of time prior to authorization.
6. CCS shall not authorize repairs or maintenance of DME-R which has been superseded by another device serving the same purpose. This would not preclude CCS from authorizing repairs or maintenance in situations such as a manual wheelchair that is serving as a back-up to a power chair.
7. CCS will only authorize DME-R that is routinely utilized for mobility and self-care activities, including communication
8. Standard child care or commercial items that meet the needs of the child shall be purchased by the family or an alternative funding resource.
9. Non-custom DME-R may be rented on a trial basis for up to 3 months prior to purchase to assure appropriate daily use. The vendor should apply the rental cost to the purchase price of the DME-R, if appropriate.
10. When a child has learned to purposefully operate single switches or some other appropriate interface to an electronic device and demonstrates the potential for communication, they shall be referred to the school-based speech and language pathologist for the purpose of assessing communication potential/needs. The device will be appropriate to the child's cognitive and language level. The PT/OT, and the school-based speech therapist/pathologist will collaborate regarding recommendations for the appropriate device. Funding/provision for ongoing training/programming must be secured before CCS authorizes the purchase of SG equipment. Programming the device and on-going training in the use of the device after programming changes is not a service provided by MTP staff. A CCS paneled speech therapist may be authorized to provide the initial training/orientation in use of an SG device.

SUMMARY OF ITEMS THAT ARE NOT CONSIDERED MEDICALLY NECESSARY FOR TREATMENT OF THE CCS ELIGIBLE CONDITION

The following items may be useful to therapists during the treatment session of a CCS-eligible child, or be useful for the child or family, but are not medically necessary and shall not be authorized by the CCS Program:

1. Bicycles
2. Tricycles
3. Motorized caster carts
4. Bolsters
5. Personal computers & accessories (that are not an integral part of an SG device or system for the purpose of speech/communication).
6. Wheelchair van lifts and tie downs
7. Wedges
8. Therapy balls
9. Sand bags
10. Weights or weight systems
11. Crawlers
12. Cribs (standard)
13. Wheelchair carriers or racks
14. Exercise mats
15. Fixed-recline wheelchairs
16. Standard strollers
17. Convenience items or accessories for mobility such as book bags, diaper bags, horns, mirrors, baskets etc.
18. Any DME-R item that requires modification/installation to an automobile or home.
19. Items that have an equivalent household substitute that meets the child's medical needs.
20. Ceiling-mounted lifts.
21. Items that are not generally used primarily for health care, including, but not limited to:
 - a. environmental control units/devices
 - b. lighting devices
 - c. mattresses, recliners, water beds (furniture)
 - d. books
 - e. food blenders
 - f. remote controls for power equipment (wheelchairs etc)

DME-R TABLE

*=Any DME-R group or item preceded by the asterisk requires a PT or OT home evaluation or equivalent to authorize. Documentation is necessary to justify when an assessment is not performed.

(E) = Requests for any DME-R group/item preceded by the letter "E" must be authorized/submitted as an EPSDT SS request to the CMS Branch if the child is Medi-Cal eligible.

(E*) = Requests for any DME-R group/item preceded by the letter "E*" must be reviewed as an EPSDT SS by either the Independent County CCS Program or CMS Regional Office if the child is Medi-Cal eligible.

All medical necessity and criteria must be met unless otherwise noted in this document.

HCPCS codes must be utilized to request and authorize DME-R. Commonly used codes are listed in this table (please note-code could represent any item in that category, not always the one across from it on the chart), and should be used when they adequately describe the DME-R item. If no suitable code is listed in the table, the unlisted item code, usually EI 399, should be used. Also, the county must review current Title 22 DME listings in Section 51521 for recent benefit codes or changes.

Section I *BATH AIDS: Self-Care

Equipment	Code	Medical Necessity	Criteria	Related Factors
Bath seats/chairs/benches & Accessories (ie supports/belts) Bath Lift Shower chairs	X3168 X3170 E0245	Requires postural support to: <ul style="list-style-type: none"> • Sit, or • Transfer, or • Be bathed safely 	<ul style="list-style-type: none"> • Functional use has been established • Accessories must be medically necessary to utilize the DME-R. 	Should be over one year of Age

Equipment	Code	Medical Necessity	Criteria	Related Factors
Hand held showers and accessories	X317 4	Requires supported sitting or sits "!" for all bathing needs	Necessary for hygiene needs as a result of child's positioning/support requirements.	Should be over one year of Age May have functional upper extremity use and equipment will increase independence
(E) Bed baths		<ul style="list-style-type: none"> Requires total assistance for bathing 	<ul style="list-style-type: none"> Cannot be transferred to tub or shower using assistive devices. Poor prognosis for change of condition 	<ul style="list-style-type: none"> Room has access to plumbing No other alternative Caregiver understands accommodations necessary for item usage.
Bath/shower chairs with mobile bases		<ul style="list-style-type: none"> Same as for bath chairs Requires assist to move from bedroom (or other room in the house) to the bathroom. 		Residence will not accommodate a standard mobile lift in all necessary areas of the home.
(E) Shower Platform		<ul style="list-style-type: none"> Child requires supported sitting in a shower chair, and access to shower using a rolling shower chair to perform hygiene/self-care skills. 	<ul style="list-style-type: none"> Child requires supported sitting while performing hygiene care in the shower. Child needs access to shower with raised floor surface. 	

Section 2 COMMUNICATION SYSTEMS: Self-Care

Equipment	Code	Medical Necessity	Criteria	Related Factors
Portable Communication Systems (SG Devices) System Repairs Modifications	K0541 K0542 K0543 K0544 K0545 K0546 K0547 X3268 X3270	<ul style="list-style-type: none"> • Requires system to communicate self-care needs to others at <u>home</u>, school and in the <u>community</u>. • *Child is non-verbal. <p style="text-align: center;">* Refer to Attachment 1</p>	<ul style="list-style-type: none"> • Demonstrates effective functional use with family and in school/community setting • A physician has confirmed medical necessity • Available for daily use to facilitate personal needs at home, school and in the community. 	<ul style="list-style-type: none"> • Back-up battery may be appropriate • System allows for modifications and upgrades to accommodate increased communication needs and abilities • School or other appropriate agency has agreed to provide ongoing training • Adequate rental or trial period of a comparable loaned system required prior to purchase to establish consistent, appropriate use of the device. • Family has demonstrated compliance by utilizing the system on a daily basis. • Device must meet the child's needs for a minimum of three years. • Family demonstrates ability to maintain/care for the equipment. • Caregiver, school personnel and child are receptive to use of the equipment.

Equipment	Code	Medical Necessity	Criteria	Related Factors
Communication Interface System Head-wand Light-wand Adapted switch Alternative keyboard Adapted mouse Touch interface Keyguard Software	X3270 K0547	<ul style="list-style-type: none"> Requires interface to access communication system to communicate needs to others 	<ul style="list-style-type: none"> Demonstrates effective functional use of the communication system. Software is necessary to operate and/or interface with the portable communication system that is the most appropriate for the child. 	<ul style="list-style-type: none"> Interface may be needed Software is necessary to interface/operate with the portable communication system that has been determined to be appropriate for the child Child must be at least three years of age. Voice synthesizer eliminates need for printer
Printer			<ul style="list-style-type: none"> Printer is an integrated part of the communication system. 	<ul style="list-style-type: none"> No additional reimbursement will be provided for a printer. Voice synthesizer eliminates need for printer
Drool/splash guard	X3270 K0547	<ul style="list-style-type: none"> Required for safety and maintenance of the communication system 	<ul style="list-style-type: none"> Necessary to protect the integrity of the equipment 	

Equipment	Code s	Medical Necessity	Criteria	Related Factors
Mounting bracket	K0546	<ul style="list-style-type: none"> Requires attachment to mobility device 	<ul style="list-style-type: none"> Child has mobility device capable of accommodating system Necessary for the child to access communication system 	<ul style="list-style-type: none"> Children in power wheelchairs may require an additional mount on manual back-up wheelchair
Carrying case	K0547	<ul style="list-style-type: none"> Requires portability of system 	<p>The child:</p> <ul style="list-style-type: none"> is functionally ambulatory and needs the carrying case to transport and protect the device, and utilizes the device outside of the home and classroom 	<ul style="list-style-type: none"> Consider weather conditions

Section 3 Self-Care Accessories: These low-cost/non-commercially available items may be purchased in bulk by the CCS county program and distributed by MTU Staff. Invoice as supplies on quarterly expenditure invoice for therapy program. No financial eligibility required.

Equipment	Medical Necessity	Criteria	Related Factors
<p>Dressing: sock aids, reachers, elastic laces, dressing sticks, button hooks, etc.</p> <p>Feeding: universal cuffs, wrist supports, built-up handle utensils, dycem, scoop plates, adaptive utensils, rocker knives, cut-out cups, etc.</p> <p>Hygiene: reachers, etc.</p> <p>Grooming: grooming extenders, suction brushes, long handle brushes, adapted nail clippers, etc.</p> <p>Food Preparation: reachers, one-handed paring boards, dycem, adaptive cutting devices, adaptive peelers, etc.</p>	<p>Requires assistive device for full or partial independence in self-care skills.</p>	<p>Has demonstrated ability to functionally utilize device. Accessory augments limited physical function, e.g. range, strength, postural adaptation, and balance.</p>	

Equipment	Medical Necessity	Criteria	Related Factors
<p data-bbox="239 306 569 375">Adaptive Aides for Table- Top Activities:</p> <p data-bbox="239 380 569 558"><u>adapted</u> pencil grips, manual page turner, mouth pieces, adaptive scissors, magnetic wrist stabilizers, etc.</p> <p data-bbox="239 605 478 638">Mobility Device</p> <p data-bbox="239 643 436 675">Accessories:</p> <p data-bbox="239 680 627 712">crutch and walker tips, etc.</p>			

Section 4 FEEDING AIDS: Self-Care

Equipment	Code	Medical Necessity	Criteria	Related Factors
<p>Feeders; electrically and manually operated</p>		<ul style="list-style-type: none"> Requires feeder device for stand-by assistance in feeding 	<p>Has demonstrated ability to functionally utilize device.</p> <p>Manual:</p> <ul style="list-style-type: none"> Can maintain head and trunk control/upright posture for the duration of a single meal with, if necessary, appropriate postural control devices, Has ability to remove food from spoon and swallow. <p>Electric:</p> <ul style="list-style-type: none"> As above, but unable to operate a manual feeder. 	<ul style="list-style-type: none"> Family has demonstrated compliance by utilizing device in home on daily basis for at least one month
<p>Arm supports and mounting accessories</p>		<ul style="list-style-type: none"> Requires anti-gravity arm support for functional skills 	<ul style="list-style-type: none"> Has shoulder girdle and/or upper extremity weakness and coordination problems. Arm support was shown to increase independence in functional skills. 	

Section 5 *TOILETING AIDS: Self-Care

Equipment	Code	Medical Necessity	Criteria	Related Factors
Commode seats/chairs (with & without mobile base) & accessories		<ul style="list-style-type: none"> • Requires a safe, supported sitting position for toileting due to moderate to severe physical disability including decreased trunk control and balance deficits. 	<ul style="list-style-type: none"> • Physician has documented physiological readiness for training. • Has outgrown standard child training chair or requires more support than a standard chair can provide 	<ul style="list-style-type: none"> • Consider standard commercial items before custom made. • Some models may also be used as bath or shower seats. • Organized toileting program in place. • Equipment is necessary to implement a prescribed bowel and bladder program
(E) Portable Bidet		<ul style="list-style-type: none"> • Requires means of independent toilet hygiene or • Is necessary secondary to child's positioning and hygiene needs. 	<ul style="list-style-type: none"> • Has ability to sit on toilet with or without adaptive equipment. • Limited use of upper extremities in hygiene care. • Must be capable of being adapted to existing commode 	<ul style="list-style-type: none"> • Questionable for use with raised or special toilet seat. • May not fit all toilets.

Section 1L6 *TRANSFER AIDS: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
<p>Mobile Lift and accessories</p> <p>Slings</p>	<p>E0630</p> <p>A9900</p>	<ul style="list-style-type: none"> Is dependent in transfers 	<ul style="list-style-type: none"> Child requires more assistance in transfers than one person may safely provide. 	<ul style="list-style-type: none"> Rent or loan prior to purchase (up to three month period) Consider size of rooms and doorways in which it will be used. Child /caregiver committed to use and demonstrates safe, functional use.
<p>(E) Mobile Stair Climber</p>		<ul style="list-style-type: none"> Child <u>requires</u> access to upper levels of his/her residence to perform self- care skills in a wheelchair. 	<ul style="list-style-type: none"> Child requires wheelchair for home mobility. Child requires access to areas in the home that require ascent/descent of stairs and these areas do not have wheelchair accessibility. Child is unable to be safely assisted/transported to upper levels by caregiver. 	<p>Onsite evaluation should be performed to insure:</p> <ol style="list-style-type: none"> Caretaker competence and safety judgement using the item. Child requires access to upstairs areas in order to perform self-care skills while in wheelchair Specific model of climber will work in the child's home environment. Specific model of climber is compatible with the child's wheelchair.

Equipment	Code	Medical Necessity	Criteria	Related Factors
Transfer board		<ul style="list-style-type: none"> Requires means of transfer in sitting position with or without assistance. 	<ul style="list-style-type: none"> Has sitting balance, or enough functional use of the UE to support the trunk 	
Portable Wheelchair Ramps (Refer to definition of portable in NL 09-0703)		<ul style="list-style-type: none"> Child requires access to vehicle for community mobility, and/or for accessibility in/out of the child's primary entrance into the home. 	<ul style="list-style-type: none"> Child requires wheelchair (manual or power) for home and community mobility Child needs access to variable height surfaces at home, to a vehicle and in the community 	<ul style="list-style-type: none"> Ramp can be used to load wheelchair into the back of a truck/van for transport. Onsite evaluation should be performed to insure: <ol style="list-style-type: none"> Caretaker can transport and set up ramp the chair can be driven or pushed by the caretaker up and down the ramp safely. CCS will fund a maximum of <u>one</u> vehicle ramp and <u>one</u> home access ramp. <p>A portable wheelchair ramp is <u>not</u> a home/vehicle modification. It should be</p>

				considered an extension of the child's wheelchair and follows Related Factors
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Equipment	Code	Medical Necessity	Criteria	Related Factors
				the child in his/her wheelchair to assist in accessibility to the community.
Bath Rails Grab bars Safety rails Clamp down tub bars Commode Safety rails	E0246 X3182- X3190 E0243	<ul style="list-style-type: none"> Requires support for independent or assisted transfers and/or sitting 	<ul style="list-style-type: none"> Functional use has been established and documented Has ability to bear weight on lower extremities, or can utilize slide transfer. Has some functional use of upper extremities 	<ul style="list-style-type: none"> Presence of sliding glass doors may limit safe/functional use. <p>Must be over two years of age.</p>

Section_I *Gait Trainers: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
Ring walkers Full-body suspension walker Axillary suspension walker Torso suspension walker Weight relieving walker		<ul style="list-style-type: none"> • Requires extensive trunk/postural support and/or pelvic stability in order to allow mobility. 	Criteria for entire category: <ul style="list-style-type: none"> • Must be able to propel walker in a purposeful manner • Must be able to partially bear weight and to advance lower extremities. • Has head control • Does not have <u>any</u> other form of self-initiated mobility 	<ul style="list-style-type: none"> • Needs attendant assist to be positioned in device and supervised • Requires ample space for use • Parent should demonstrate willingness and ability to comply with safety considerations and prescribed home walking program. • Upper extremity weight bearing, joint stability, and ability to maneuver should be given consideration in choosing gait trainer type

Section II WALKERS: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
<p>Walkers, in general Two-Wheel Walker</p> <p>Reverse Walker</p>	<p>E013 5 E015 5</p> <p>E0147</p>	<ul style="list-style-type: none"> • Requires an external, fixed-based support to maintain balance in upright position in order to ambulate. 	<ul style="list-style-type: none"> • Must be able to propel walker in a purposeful and goal oriented manner • Must be able to partially bear weight and to advance lower extremities. • Is able to transfer in and out of walker with at least minimal/moderate assistance • Has supportive weight control of upper extremities and reliable upright balance to maintain directional control. 	<ul style="list-style-type: none"> • Parent should demonstrate willingness and ability to comply with safety considerations and prescribed home walking program. • Upper extremity weight bearing, joint stability, and ability to maneuver should be given consideration in choosing walker type. • May be purchased as adjunct to wheeled mobility equipment for short-moderate distance ambulation at home, school and community.

Four-Wheel Walker	E0149	<ul style="list-style-type: none"> • Same as above 	<p>Same as above, and in addition:</p> <ul style="list-style-type: none"> • Has good ability to stop/start 	<ul style="list-style-type: none"> • Same as above
Pick-Up Walker	E0135	Same as above	<p>Same as above, and in addition:</p> <ul style="list-style-type: none"> • Is able to lift device forward while maintaining upright posture. 	<ul style="list-style-type: none"> • Same as above

Equipment	Code	Medical Necessity	Criteria	Related Factors
			<ul style="list-style-type: none"> Must be able to bear full body weight for brief periods of time. 	
Platform Walker	EI399	<ul style="list-style-type: none"> Same as above 	<ul style="list-style-type: none"> Unable to support body through elbows or wrists because of pain, deformity, or weakness. 	<p>Same as above, and in addition:</p> <ul style="list-style-type: none"> Caregiver must understand safety precautions and that child can't use upper extremities to protect self in a fall.

Equipment	Code	Medical Necessity	Criteria	Related Factors
Crutches, in general Triceps Forearm	EOI 13 EOI 16 EOI 11	<ul style="list-style-type: none"> Requires external non- fixed support to maintain balance and/or assist in partial to full weight bearing 	<ul style="list-style-type: none"> Has ability to maintain upright posture through adequate trunk strength and balance and good to normal upper extremity strength. 	<ul style="list-style-type: none"> Demonstrates safe, functional use. May be purchased as adjunct to wheeled mobility equipment for short-moderate distance ambulation at home, school and community. Should consider time/energy efficiency Various crutches require different degrees of shoulder stability and upper extremity strength.
Axillary	EOI 13	<ul style="list-style-type: none"> Same as above 	<ul style="list-style-type: none"> Same as above 	<p>Same as above, and in addition:</p> <ul style="list-style-type: none"> Should be considered for short-term use such as post-surgical.
Platform crutches		<ul style="list-style-type: none"> Same as above 	<ul style="list-style-type: none"> Has ability to maintain upright posture through adequate trunk strength and balance. Necessary to bear weight on forearms during ambulation due to pain, weakness or 	

			deformity	
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Equipment	Code	Medical Necessity	Criteria	Related Factors
Specialized/Light Weight		<ul style="list-style-type: none"> • Same as above 	<p>Same as crutches in general, and in addition:</p> <ul style="list-style-type: none"> • Has history of long term crutch use • Has potential for overuse injuries 	<p>Same as above, and in addition:</p> <ul style="list-style-type: none"> • Trial of specialized crutch use with documented increase in endurance and/or pain reduction.

Section 10 CANES: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
Quad Standard	E010 5 X292 6 E0100	<ul style="list-style-type: none"> • Requires external non- fixed support to maintain balance or redistribute weight 	<ul style="list-style-type: none"> • Has strength/control of lower extremities and trunk to maintain upright posture. • Has fair to good upper extremity coordination and strength. 	

Section 11 WHEELCHAIRS/SEATED MOBILITY DEVICES: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
Adaptive Stroller	X316 0	<ul style="list-style-type: none"> • Requires postural support in a sitting position and attendant -propelled transportation 	<ul style="list-style-type: none"> • Cannot utilize commercially available stroller. • Stroller support must be adequate for child's postural needs. 	<ul style="list-style-type: none"> • Child must be at least two years of age and weighs in excess of 25 pounds. • Is possibly a cost effective alternative to a standard wheelchair if child is not a candidate for self-propulsion. • Not a CCS benefit if device duplicates another non-motorized seating mobility device owned by child. • Not all mobility devices in this section are transportable on school or public buses/transportation. • May be purchased as adjunct to ambulation equipment for community access. • System should accommodate growth with modifications for three to five year period.

Equipment	Code	Medical Necessity	Criteria	Related Factors
<p>*Wheelchairs (in general)</p> <p>Manual</p>	<p>X3016</p> <p>X3018</p>	<ul style="list-style-type: none"> Requires supported sitting position for self-propelled or attendant propelled mobility at home and in the community 	<ul style="list-style-type: none"> Is not capable of functional community ambulation 	<p>Family is capable of either:</p> <ul style="list-style-type: none"> break down wheelchair for transport transport chair in fixed position. <p>System should accommodate growth with modifications for three to five year period.</p>
<p>Manual Wheelchair with Tilt-in-Space</p>	<p>X3160</p>	<p>Same as manual wheelchair, and in addition:</p> <ul style="list-style-type: none"> Requires positional change in space for either pressure relief, self-care skills, postural control or respiratory function 	<p>Same as manual wheelchair</p>	<p>Same as manual wheelchair</p>

<p>Manual wheelchair with standing component</p>	<p>X3160</p>	<p>Same as manual wheelchair, and in addition: Meets medical necessity for supine stander, and requires one of the following:</p> <ul style="list-style-type: none"> • Necessary as an independent method of pressure relief, or • Requires independence for promoting or maintaining weight-bearing transfers, or • Necessary to facilitate. 	<p>Same as manual wheelchair, and in addition, Meets criteria for supine stander, <u>and</u></p> <ul style="list-style-type: none"> • Demonstrates trunk and upper extremity control and adequate upper extremity ROM to independently operate the device. • Can tolerate standing for prolonged periods of time. • There must be functional 	<p>Same as manual wheelchair, and in addition:</p> <ul style="list-style-type: none"> • Design of wheelchair should be taken into consideration • Standing component may make the chair "uncollapsible" for transport.
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Equipment	Code	Medical Necessity	Criteria	Related Factors
		independent self-care activities	<ul style="list-style-type: none"> skills achievable which require this option for independence. <p>There is documentation that there is no other reasonable alternative for meeting the medically necessary needs of the child</p>	
Caster Cart		<ul style="list-style-type: none"> Requires safe means of assisted locomotion that protects skin, paralyzed limbs, and/or fragile bones 	<ul style="list-style-type: none"> Child's development level and stature preclude wheelchair use. Has good upper extremity function 	<ul style="list-style-type: none"> Motorized caster carts are not a CCS benefit
*Power Wheelchair/Power Seated Mobility Device Batteries One year warranty for	X3160 X3150 to X3158	<ul style="list-style-type: none"> Requires supported sitting position for independent mobility and Requires a motorized assist to achieve community mobility 	<ul style="list-style-type: none"> Is able to assume or be placed in sitting or semi-reclined position. Is able to operate selected control device and maneuver chair in a consistent, safe and responsible 	<ul style="list-style-type: none"> Parents, caregivers, or self must be able to transport a power wheelchair-use on public transportation is acceptable. Family must have secure indoor storage.

all batteries	X3230 To X3234		manner independently. <ul style="list-style-type: none">• Ability to operate has been demonstrated and documented.	<ul style="list-style-type: none">• Should not be ordered for child under three without documentation of judgment criteria.• Should consider an extended trial period for children under three• Caregiver should be able to care for chair and maintain
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Equipment	Code	Medical Necessity	Criteria	Related Factors
				battery systems. <ul style="list-style-type: none"> • Not to be purchased for use at school only. • System should accommodate growth with modifications for a three to five year period.
Power Wheelchair with power standing component	X3160 X3162	Same as above, and in addition: <ul style="list-style-type: none"> • Meets medical necessity for manual wheelchair with standing component. 	Same as above , and in addition: <ul style="list-style-type: none"> • Meets criteria for manual wheelchair with standing component. 	Same as above, and in addition: <ul style="list-style-type: none"> • Meets related considerations for manual wheelchair with standing component. • Should not be ordered for child under 14 without documentation of judgment criteria and medical justification indicating a high level of independence can be achieved with device.

Equipment	Code	Medical Necessity	Criteria	Related Factors
Power Wheelchair with power height adjustment	X3160	Same as power wheelchair	Same as power wheelchair and in addition: <ul style="list-style-type: none"> • Variable seat height is necessary in order to perform independent transfers, or self-care skills 	Same as power wheelchair
Power Wheelchair with power recline/tilt-in-space	X3160 X3162	Same as power wheelchair, and in addition: <ul style="list-style-type: none"> • Is necessary to perform independent pressure relief. 	Same as power wheelchair and in addition: <ul style="list-style-type: none"> • Is able to operate selected control device and position seat in a consistent, safe and responsible manner independently to relieve pressure. 	Same as power wheelchair, and in addition; <ul style="list-style-type: none"> • Should be understood that the chair is not mobile when seat is in the recline/tilt-in-space position.

Section 12 WHEELCHAIR POSITIONING SYSTEMS & SEATING INSERTS: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
Commercial Inserts (Structurally independent from the chair-removable)	X3162	<ul style="list-style-type: none"> Requires positioning support to maintain body alignment, prevent deformity, enhance function or prevent medical complications. 	<ul style="list-style-type: none"> Has moderate/severe complicated skeletal/motor condition. May have a skeletal deformity, weakness or abnormal tone that affects ability to sit in a standard wheelchair. 	<ul style="list-style-type: none"> System should accommodate growth with modifications for a three to five year period.
*Posture Control Chairs/Mobility Systems (Seating system is integral part of mobility device)	X3162	<ul style="list-style-type: none"> Same as commercial inserts 	<ul style="list-style-type: none"> Needs ability for chair to be frequently adapted to child's changing body alignment/dimensions Has severe complicated skeletal/motor condition. Has very limited sitting ability 	<ul style="list-style-type: none"> May not be easily transportable May not permit self-propulsion
Custom Molded Inserts	X3078	<ul style="list-style-type: none"> Same as commercial inserts 	<p>Same as Posture Control Chairs/Mobility Systems and in addition:</p> <ul style="list-style-type: none"> Commercial system and posture control/mobility system has been assessed and will not meet child's positioning needs. 	<ul style="list-style-type: none"> May need to be replaced or modified more often than commercial insert. May be limited vendor availability.

Section 13 *STANDERS: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
Supine Stander	EI399	Requires supported standing for weight bearing throughout lower extremities and to: <ul style="list-style-type: none"> • improve or maintain lower extremity ROM, • improve weight bearing skills for transfers and ambulation 	<ul style="list-style-type: none"> • Has adequate lower extremity ROM to permit supported standing • Requires daily standing program over a prolonged period of time with or without augmentation from therapy program. 	<ul style="list-style-type: none"> • Consider device size in relation to setting and activity(s) it will be used for. • Consider for children with limited head control. • If necessary, should have wheels and wheel locks for use in all rooms of the home.
Stander with Mechanical Lift	EI399	Same as above	<ul style="list-style-type: none"> • Requires a daily standing program over a prolonged period of time with or without augmentation from a therapy program • Family/child has demonstrated ability to implement a daily home standing program • Child has adequate lower extremity ROM • Child has fair/good head control • Child has adequate upper extremity strength/ROM to raise and lower self in standing frame 	<ul style="list-style-type: none"> • Allows child to self- regulate position. • Child needs the item to increase their level of independence. • Can be purchased if there is documentation that there is no other reasonable alternative for meeting the medically necessary needs of the child. <p>Allows child to safely assume a weight bearing position.</p>

Equipment	Code	Medical Necessity	Criteria	Related Factors
Prone Standers	EI399	<ul style="list-style-type: none"> • Same as supine stander 	<p>Same as supine stander, and in addition:</p> <ul style="list-style-type: none"> • has adequate head control and ability to clear air passages. 	<ul style="list-style-type: none"> • Same as supine stander
Standing Frames	EI399	<p>Requires weight bearing position for:</p> <ul style="list-style-type: none"> • promoting and/or maintaining standing pivot transfers, or • potential ambulation and/or • requires a daily standing program over a prolonged period of time. 	<ul style="list-style-type: none"> • Has functional trunk endurance for upright posture. • Has neck <u>and</u> upper trunk control. • Has adequate lower extremity ROM to be positioned safely. 	<ul style="list-style-type: none"> • Same as for supine standers.
Mobile Standers	EI399	<p>Same as standing frames, and in addition:</p> <ul style="list-style-type: none"> • Self-propulsion in the upright position is necessary to increase independence in Self-care skills <u>or</u> • Increase endurance in the upright position 	<p>Same as standing frame and in addition:</p> <ul style="list-style-type: none"> • Independence in upright mobility allows child to increase ability in a functional task. 	<ul style="list-style-type: none"> • Same as for supine standers

Section14 HEAD PROTECTION: Mobility

Equipment	Code	Medical Necessity	Criteria	Related Factors
Helmet and accessories	EI399	<ul style="list-style-type: none">• Requires protection for head.	<ul style="list-style-type: none">• Documented danger of head injury during mobility or seizure activity.	<ul style="list-style-type: none">• Sports type helmets may be considered.

Section 15 SITTERS: Self-Care

Equipment	Code	Medical Necessity	Criteria	Related Factors
Floor Sitters	E1399	<ul style="list-style-type: none"> Requires a supported sitting position for age appropriate activities at floor level 	<ul style="list-style-type: none"> Has head control 	<ul style="list-style-type: none"> No existing equipment of child meets the same need. Consider loaner equipment prior to purchase.
Feeder seats and accessories	E1399	<ul style="list-style-type: none"> Requires support of head, trunk, and pelvis to maintain a safe sitting position during feeding 	<ul style="list-style-type: none"> The child is not able to be held or positioned safely for feeding 	<ul style="list-style-type: none"> No existing equipment of child (i.e. wheelchair etc) meets the same need Consider feeder seat when a standard high chair with a positioning insert has not met the child's needs. Consider loaner equipment prior to purchase.

Section 16 MISCELLANEOUS:

Equipment	Code	Medical Necessity	Criteria	Related Factors
* Hospital Beds & accessories Manual Semi-electric Full Electric Enclosed <u>Other</u> Mattresses Bed rails Pads Overbed Table	X290 0 X290 2 X290 4 X290 6 X290 8 X291 0 E027 1 E027 2 E030 5 E031 0 E027 4	<ul style="list-style-type: none"> • Case by case determination by the general CCS program 	<ul style="list-style-type: none"> • Case by case determination by the general CCS program 	<ul style="list-style-type: none"> • Supervising/chief therapists/state therapy consultants are available for consultation to the general program when the need is rehabilitation-related (mobility, transfers, respiration or self-care) to the child's CCS eligible condition.

<p>(E*) Automobile Orthopedic Positioning Devices (AOPD)</p> <p>Harnesses, vests</p>	<p>Z599 9</p>	<ul style="list-style-type: none"> Requires maximal to moderate postural support to maintain a safe sitting position during transportation 	<ul style="list-style-type: none"> Child must be over four years of age <u>and</u> either over 40 pounds <u>or</u> over 40 inches in length, <u>and</u> meets one of the three criteria for car seats, <u>or</u> due to deformity or surgical corrections, must be transported in 	<ul style="list-style-type: none"> The child's physical deformity or trunk instability precludes use of a standard seat belt or commercially available vest or harnesses A standard seat belt or commercially available
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Equipment	Code	Medical Necessity	Criteria	Related Factors
			other than an upright position.	vest/harness will not provide the child with enough stability to remain
Car seats	Z5999 EI399	<ul style="list-style-type: none"> • Same as Harnesses, vests 	<p>Child must be over four years of age <u>and</u> either over 40 pounds <u>or</u> over 40 inches in length, <u>and</u> must meet one of the following criteria:</p> <ol style="list-style-type: none"> 1) Has moderate-minimal trunk control/sitting ability, moderate-minimal lateral head control and requires total postural support 2) At risk for breathing complications as a result of poor trunk control or alignment 3) Presence of a skeletal deformity requiring total postural support for safe transportation 	<ul style="list-style-type: none"> • in proper alignment or allow for safe transport • Child cannot be transported safely in wheelchair in family's vehicle. • The child's length, width or physical deformity precludes use of a commercially available car seat • A harness or vest will not provide the child with enough stability to remain in proper alignment or allow for safe transport • Child cannot be transported safely in wheelchair in family's vehicle. • Can rent/loan for post-surgical.

<p>*Side-lying positioner</p>	<p>EI399</p>	<ul style="list-style-type: none">• Requires supported side- lying positioning to reduce tone/primitive reflex activity for management of contractures or facilitation of functional activities.	<ul style="list-style-type: none">• Documented failed trials with non-commercial positioning props.• Difficulty tolerating and sustaining alternative recumbent positions.	<ul style="list-style-type: none">• Must be documented as part of a written therapy home program.
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