

DEPARTMENT OF HEALTH SERVICES

714 / 744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 654-0499



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REVISION

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Index: Benefits

TO: ALL CALIFORNIA CHILDREN'S SERVICES (CCS) COUNTY PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, CHIEF/SUPERVISING THERAPISTS, MEDICAL THERAPY UNITS, STATE REGIONAL OFFICE ADMINSTRATORS, MEDICAL AND THERAPY CONSULANTS

SUBJECT: AUTOMOBILE ORTHOPEDIC POSITIONING DEVICES (AOPDs)

BACKGROUND

The purpose of this numbered letter is to provide the policy guidelines and the authorization and claim processing instructions for purchase of AOPDs by independent county CCS programs and dependent county CCS programs through Children's Medical Services (CMS) Branch Regional Offices. This numbered letter supercedes Numbered Letter 01-0298: Durable Medical Equipment (DME) Guidelines Addendum: Automobile Orthopedic Positioning Devices (AOPDs). Numbered Letter 01-0298 instructed county CCS programs to request approval for AOPDs for full scope, no share of cost Medi-Cal-eligible children as an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental service.

Effective the date of this letter, independent county CCS programs and CMS Branch regional offices may determine medical necessity and authorize AOPDs based on the criteria described below for children case managed by the CCS program, regardless of payor source. An AOPD authorization for a child who is a Medi-Cal beneficiary, full scope, no share of cost, must follow the instructions contained in this Numbered Letter.

II. DEFINITION

An AOPD is a non-standard positioning device (car seat and/or harness/vest) for use in a motor vehicle. An AOPD is designed to hold a larger child (over 40 pounds or over 40 inches in length) who requires positioning options such as

pads that assist in head and trunk positioning while being transported in a motor vehicle. An AOPD is not a standard, commercially available car seat, booster seat, or harness that is required by California state law for children under four years of age and under 40 pounds.

III POLICY GUIDELINES

- A. Effective the date of this letter, an AOPD is a medical benefit of the CCS program for CCS-eligible children when:
1. Documentation including medical justification and a prescription is provided by the CCS-paneled physician of the appropriate specialty for treating the child's CCS-eligible condition that the device is intended to address; **and**
 2. The child requires maximal to moderate postural support to maintain a safe sitting position during transportation in a vehicle; **and**
 3. The child is over the age of four years and either over 40 pounds or 40 inches in length; **and**
 4. The medically necessary criteria for AOPDs (car seats or harnesses/vests) in the CCS DME Guidelines are met (Enclosure A).
- B. When the child is a Medi-Cal beneficiary, full scope, no share of cost, and criteria III., A.1. through 4. are met, the AOPD may be authorized as a Medi-Cal EPSDT Supplemental Service.

IV. POLICY IMPLEMENTATION GUIDELINES

- A. The chief/supervising therapist or qualified designee for a CCS independent county or, for dependent counties, the CMS Branch Regional Office therapy consultant under the supervision of their respective CCS program medical director, shall:
1. Review the request for the AOPD to ensure that the request is from the CCS-paneled physician treating the child's CCS-eligible condition.

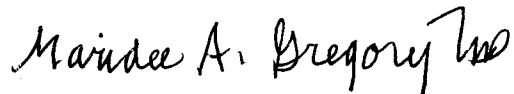
2. Determine the medical necessity based on the criteria in the CCS DME guidelines (Enclosure A) for all Medical Therapy Program (MTP) and non-MTP requests for AOPDs.
 3. Review all documentation for the AOPD requests submitted as required by the CCS/EPSTD Supplemental Services DME Request Documentation Checklist (Enclosure B).
 4. Ensure that the DME provider has provided detailed description and itemization of the services/equipment requested and the wholesale costs.
 5. Evaluate the cost benefit of rental versus purchase of the AOPD based on the anticipated length of time the positioning device will be required.
 6. Define the information to be placed on the authorization including, but not limited to, such specifications as the Z Code, requirement for catalogue page(s) of wholesale cost and price to be paid, and effective and termination date of authorization.
- B. Authorizations for AOPDs for CCS clients who are **Medi-Cal**, full scope, no share of cost, will:
- Have an effective and termination date on the authorization.
 2. Indicate that the Medi-Cal Provider Identification Number (PIN) must be used.
 3. Identify the specific model and components that are approved for the AOPD.
 4. List the price that will be paid
 5. Inform the provider that to claim for the AOPD, the provider must use the miscellaneous "by report code" HCPCS Code "**Z5999**," and submit:

- a. A copy of the authorization, **and**
 - b. A copy of the manufacturer's catalog page describing the item and any accessories, **and**
 - c. Wholesale cost, **and**
 - d. Detailed description and itemization of the services/equipment provided.
6. Indicate that the claim, with attachments, is submitted to Jo Monday, CMS Branch, 714 P Street, Room 398, Sacramento, CA 95814.
- C. Authorization for AOPDs for CCS clients who are **NOT** Medi-Cal, full scope, no share of cost, shall:
1. Have an effective beginning and end date.
 2. Indicate that the CCS PIN must be used.
 3. Identify the specific model and components that are approved for the AOPD.
 4. List the price that will be paid.
 5. Inform the provider that to claim for the AOPD, the provider must use the HCPCS code E1399 and submit:
 - a. A copy of the authorization, **and**
 - b. A copy of the manufacturer's catalog page describing the item and any accessories, **and**
 - c. Wholesale cost, **and**
 - d. Detailed description and itemization of the services/equipment provided.

6. Indicate the CCS program office to which the claim is to be submitted
 - a. If claims are still being paid directly by the independent county, the claim should be forwarded to that county for payment.
 - b. If claims are processed by EDS, the claims, with attachments, is submitted to Jo Monday, CMS Branch, 714 P Street, Room 398, Sacramento, CA 95814

- D. After the CMS Branch completes the claiming process, CMS will forward the claim to the state fiscal intermediary, Electronic Data Systems (EDS). If the DME provider has any questions regarding the status of the claim, they can contact EDS at 1-800-541-7747. The provider should inform EDS that the inquiry is regarding an EPSDT claim for a CCS-eligible child.

If you have any questions regarding this change in process, please contact your regional office therapy consultant.



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

Enclosures A and B

CCS Guide For Purchase Of
Durable Medical Equipment

Positioning
Automobile Orthopedic Positioning Devices (AOPD)
Car Seats
Harnesses

Equipment	Medical Necessity	Criteria	Related Considerations
Automobile Orthopedic Positioning Devices (AOPD)			<ul style="list-style-type: none"> * CCS will purchase only 1 AOPD over a lifetime.
Car seats	Requires maximal to moderate postural support to maintain a safe sitting position during transportation	<p>Child must be over 4 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> <p>1) Has moderate-minimal trunk control/sitting ability, moderate to minimal lateral head control and requires total postural support</p> <p>2) At risk for breathing complications as a result of poor trunk control or alignment</p> <p>3) Presence of a skeletal deformity requiring total postural support for safe transportation</p>	<ul style="list-style-type: none"> * 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 in wheelchair because the family does not own appropriate vehicle to allow this.
Harnesses/Vests	Same as car seats	<p>Child must be over 4 years of age <u>and</u> either over 40 pounds <u>or</u> over 40 inches in length and meets one of the three criteria for car seats, <u>or</u> due to deformity or surgical corrections must be transported in other than an upright position.</p>	<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 harness. * A standard seat belt or commercially available vest/harness will not provide the child with enough stability to remain in proper alignment or allow for safe transport. * Child cannot be transported in wheelchair because the family does not own appropriate vehicle to allow this.

EPSDT Supplemental Services Durable Medical Equipment Request Documentation Checklist

The purpose of the EPSDT Supplemental Services Request Documentation Checklist is to assist county CCS programs and State CCS Regional Offices in assembling legible information required for processing of an EPSDT Supplemental Services request by the designated EPSDT Supplemental Services subcommittee. Use of the checklist may prevent either delays in processing caused by the subcommittee's deferral of a request for more information or denial. Omission of applicable information on the checklist may also cause the request to be deferred or denied.

General

- o DME item is not a benefit of the regular Medi-Cal program
- o DME item is a benefit of the CCS program or treats CCS eligible condition
- o Provider information (provider name, address, phone number, and Medi-Cal provider status/number)
- o Catalog listing, prices, description/photo of item(s)

Current Physician's Prescription

- o Specific for DME item
- o Identifies significant modifications/additions to basic item

Current Physician's Report

- o Physical findings
- o Addresses needs for specific DME item

Current Physical Therapy/Occupational Therapy Report

- o Physical findings
- o Functional status related to DME item requested
- o Home/School/Community Accessibility Assessment (if applicable)

The following items must be addressed in either the MD's or PT/OT report:

Justification (initial item)

- o Medical necessity of basic DME item
- o Each addition/modification/accessory to basic DME item

Justification (new/replacement/upgrade)

- o Why current item no longer meets patient needs
- o Functional opportunities new item/upgrade provides
- o Medical necessity of basic DME item
- o Each addition/modification/accessory to basic DME item

Comparisons (if applicable)

- o What other similar DME items were considered?
- o Why this particular DME item was chosen over others considered.
- o Is this the most cost effective method of meeting patient needs?

Trial Period (if applicable)

Follow-Up Training (if applicable)

Meets all requirements of CCS DME Guidelines