

**North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section**

**Guidelines for Prior Approval of Pediatric Mobility Systems
by the North Carolina Children's Special Health Services Program**

Requests for the purchase or rental of pediatric mobility systems and components for children birth to twenty-one years of age are processed for prior approval through the NC Children's Special Health Services Program (CSHS). The child must be eligible for Medicaid or for Assistive Technology Funds through the NC Infant-Toddler Program. Prior approval is required for eligible children who have either chronic health care or acute care needs. *Clients enrolled in CAP-MR/DD or CAP-C must also comply with that program's specific procedures and guidelines as well as the CSHS guidelines for prior approval.* The following guidelines should be used for requesting prior approval:

I. Criteria for Funding:

Purchase

A. Children with chronic health needs or developmental disabilities are to be assessed for a pediatric mobility system by a clinical team that includes:

- ◆ CSHS rostered physician or Carolina Access Primary Care Physician¹
- ◆ physical and/or occupational therapist(if the family indicates that a local physical or occupational therapist is not treating the child, a consulting therapist would meet this requirement)²
- ◆ client/parents/caregivers/guardians
- ◆ DME supplier
- ◆ case managers and other professionals involved with the child

B. The assessment team will make the recommendation for the device. The physical therapist, occupational therapist or physician is responsible for writing a letter of medical necessity that should include:

- ◆ A summary of the assessment findings and medical justification for the mobility system
- ◆ Description of the child's physical status justifying the need for the type of chair and components
- ◆ Clinical rationale for the type of pediatric mobility system and components
- ◆ Documentation of agreement by ALL of the team members with a list of team members including the parents
- ◆ Documentation of eligibility for the NC Infant-Toddler Program when Assistive Technology Funds are requested. Need for the mobility device must also be documented in the Individual Family Service Plan (IFSP).

¹ If the child is not being followed by a team which includes a CSHS rostered physician or Carolina Access Primary Care Physician, the child can be referred to a CSHS sponsored Orthopedic or Neuromuscular Clinic. If a CSHS sponsored clinic is not available locally the child can be referred to a team with a rostered physician in a major medical center or community health facility. The Division of Public Health Regional Physical Therapy Consultant can be contacted for the sites, dates, and times of the CSHS specialty clinics and for other community resources. See Attachment #6. A list of CSHS rostered physicians may be obtained from the NC Division of Public Health at 919-715-3193 or at www.ncnewbornhearing.org Click on "State Funding Resources" then "CSHS Rostered Physicians"

² The Division of Public Health Regional Physical Therapy Consultant should be contacted if:

1. the family indicates that a local physical or occupational therapist is not involved in treating the child
2. the local physical or occupational therapist is unfamiliar with CSHS procedures
3. two therapists of the same discipline cannot agree on recommendations for the pediatric mobility system
4. the clinical team (which includes the family) can't come to consensus on recommendations for the pediatric mobility system

C. Authorization Request Form (DHHS 3056) must be completed according to Purchase of Medical Care Services (POMCS) policy by the requesting agency or professional (not the DME supplier) and signed by the prescribing physician. Additional procedures are outlined in Section II below. Copies of the Authorization Request Form (DHHS 3056) can be requested by calling Purchase of Medical Care Services at 919/855-3701. Copies are also available on-line at www.dhhs.state.nc.us/control1/pomcs/pomcs.htm. Scroll down to "Forms" and click on "Authorization Request (DHHS 3056)"

D. **Requests for power mobility systems** will follow the above procedure. In addition, power mobility requests must also comply with the requirements outlined in the ***Guidelines for Prior Approval of Power Mobility Systems by Children's Special Health Services and Performance Criteria for Power Mobility Requests***. See Attachments #1 and #2.

E. **Other Procedures and Guidance:** These are attachments to this document. Requests for these items must also comply with the general procedures. They are:

Attachment #3 ***Process for Funding No Code Mobility Components***

Attachment #4 ***Clinical Guidance for Requesting Secondary Mobility Systems***

Attachment #5 ***Clinical Guidance for Requesting Adaptive Strollers and Transporter Systems***

Repairs/Modifications

A. Authorization Request Form (DHHS 3056) must be completed according to Purchase of Medical Care Services (POMCS) policy by the requesting agency or professional (not the DME supplier) and signed by the prescribing physician. Additional procedures are outlined in Section II below. Copies of the Authorization Request Form (DHHS 3056) can be requested by calling Purchase of Medical Care Services at 919/855-3701. Copies are also available on-line at www.dhhs.state.nc.us/control1/.

B. A brief statement of medical necessity is recommended to explain the need for the repair or modification.

Rental

A. Children enrolled in the Medicaid Program who have **acute health care needs** that require rental of pediatric mobility systems can be seen by a prescribing physician who recommends and prescribes the service.

B. Authorization Request Form (DHHS 3056) must be completed according to POMCS policy by the requesting agency and signed by the prescribing physician. Additional procedures are outlined in Section II below. Copies of the Authorization Request Form (DHHS 3056) can be requested by calling Purchase of Medical Care Services at 919/855-3701. Copies are also available on-line at www.dhhs.state.nc.us/control1/pomcs/pomcs.htm. Scroll down to "Forms" and click on "Authorization Request (DHHS 3056)".

II. Procedure for Submitting Authorization Requests for Prior Approval for Pediatric Mobility Systems and Components

Procedures for Medicaid Funding for Purchase and/or Repairs/Modifications

A. A member of the assessment team will assemble the packet of information to be submitted to POMCS for prior approval review. The packet is to include:

- ◆ Authorization Request Form (DHHS 3056) completed by the requesting agency and signed by the prescribing physician. For children enrolled in the CAP-MR/DD Program, the name, address and signature of the CAP case manager must be included in Block #24, signifying that funds are available. Items other than the mobility device and components must be included on a separate Authorization Request.
- ◆ Letter of medical necessity signed by the physician, physical therapist or occupational therapist See I. B.

- ◆ Itemized price quote of the pediatric mobility system and components with the Medicaid fee schedule codes
- ◆ Manufacturer's price information
 - the manufacturer's price sheet is requested for the verification of the frame price
 - component pieces price verification can be included on the price quote, the manufacturer's price sheet is not needed for the components
- ◆ North Carolina Division of Medical Assistance's Certificate of Medical Necessity/Prior Approval (CMN/PA) Form. The following sections are to be completed: #1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #26, #27 and #29. "No Code" items are to be listed as such in the HCPCS block for mobility items not found on the Medicaid fee schedule in #26. See Attachment #7. **(A physician's signature is not required on the CMN/PA form.)**

B. The packet of information for the mobility system request should be mailed to:

**Purchase of Medical Care Services
DHHS Office of the Controller
1904 Mail Service Center
Raleigh, NC 27699-1904**

C. Administrative and clinical review questions will be sent out on a "Reply to Request for Service" by POMCS and handled according to their policy.

D. If the request is approved POMCS will send the DME supplier the original copy of the approved CMN/PA form.

E. If the request is denied, POMCS will send a notification of the denial to the requesting agency, the DME supplier, and others according to POMCS policy. Any denial will include the rationale. Any member of the assessment team can request a review of the denial. The DPH Regional PT Consultants or Purchase of Medical Care Services should be contacted for assistance with the procedures.

Procedures for Medicaid Funding of Rental

A. Authorization Request (DHHS 3056) Form should be completed by the requesting agency according to POMCS policy and signed by a prescribing physician. For children enrolled in the CAP-MR/DD Program, the name, address and signature of the CAP case manager must be included in Block #24. . A letter of medical necessity is not required.

- ◆ Rental may be requested for up to six-months.
- ◆ Requests for continuation of service after the first 6 months should have an accompanying statement from the prescribing physician justifying the additional time period. A physical or occupational therapist should be consulted regarding rental extensions to ensure that the rental wheelchair prescription is appropriate.

B. North Carolina Division of Medical Assistance's CMN/PA Form is to be submitted. The following sections are to be completed: #1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #26, #27 and #29. **(A physician's signature is not required on the CMN/PA form.)**

C. Completed Authorization Request (DHHS 3056) Form and CMN/PA should be mailed to:

**Purchase of Medical Care Services
DHHS Office of the Controller
1904 Mail Service Center
Raleigh, NC 27699-1904**

D. Administrative and clinical review questions will be sent out on a "Reply to Request for Service" by POMCS and handled according to their policy.

E. If the request is approved POMCS will send the DME supplier the original copy of the approved CMN/PA form.

F. If the request is denied, POMCS will send a notification of the denial to the requesting agency, the DME supplier, and others according to POMCS policy. Any denial will include the rationale.

Any member of the assessment team can request a review of the denial. The DPH Regional PT Consultants or Purchase of Medical Care Services should be contacted for assistance with the procedures.

Procedures for Assistive Technology Funding

A. All requests for AT funding are held to the procedural requirements as outlined in the NC Infant-Toddler Manual Technical Assistance Bulletin #30. Need for the mobility device must be documented in the Individual Family Service Plan (IFSP).

B. A member of the assessment team will assemble the packet of information to be submitted to POMCS for prior approval review. The packet is to include:

- ◆ Authorization Request Form(DHHS 3056) completed by the requesting agency and signed by the prescribing physician
- ◆ Letter of medical necessity signed by a physician and/or a physical therapist or occupational therapist. See **I. B.**
- ◆ Itemized price quote of the pediatric mobility system and components
- ◆ Manufacturer's price information (the manufacturer's price sheet is requested for the verification of the frame price)

C. The packet of information for the mobility system request should be mailed to:

**Purchase of Medical Care Services
DHHS Office of the Controller
1904 Mail Service Center
Raleigh, NC 27699-1904**

D. Administrative and clinical review questions will be sent out on a “**Reply to Request for Service**” by POMCS and handled according to their policy.

E. If approved, POMCS will send the DME supplier a “**Reply to Request for Service**” indicating approval of the mobility system and components to the requesting agency, the DME supplier, and others according to POMCS policy.

F. If the request is denied, POMCS will send a notification of the denial to the requesting agency, the DME supplier, and others according to POMCS policy. Any denial will include the rationale. Any member of the assessment team can request a review of the denial. The DPH Regional PT Consultants or Purchase of Medical Care Services should be contacted for assistance with the procedures.

Attachments

#1 Guidelines for Prior Approval of Power Mobility Systems by North Carolina Children’s Health Services Program

#2 Performance Criteria for Power Mobility Requests

#3 Process for Funding “No Code” Mobility Components by the North Carolina Children’s Special Health Services Program

#4 Clinical Guidance for Requesting Secondary Mobility Systems

#5 Clinical Guidance for Requesting Adaptive Strollers and Transporter Systems

#6 Guidelines for Prior Approval of Adaptive and Assistive Devices by the North Carolina Children’s Special Health Services Program

#7 Guidelines for Prior Approval of Child Passenger Safety Restraints by the North Carolina Children’s Special Health Services Program

#8 Guidelines for Prior Approval of Home Ramp Systems by the North Carolina Children’s Special Health Services Program

#9 Guidelines for Prior Approval of Pediatric Specialized Beds by North Carolina Children’s Special Health Services Program

#10 NC Division of Public Health Regional Physical Therapy Consultant Information

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**North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section**

**Guidelines for Prior Approval of Power Mobility Systems
by the North Carolina Children's Special Health Services Program**

Purpose: To ensure that power mobility systems purchased through Medicaid or Infant Toddler Assistive Technology Funds are appropriate to meet the functional needs and abilities of clients and families.

Criteria for Funding:

1. Clients must be under 21 years of age, have a chronic health condition or developmental disability and be eligible for one of the following programs:
 - ◆ Medicaid
 - ◆ Assistive Technology Funds through the NC Infant-Toddler Program.
2. Requests for power mobility must first follow ***Guidelines for Funding Pediatric Mobility Systems and Components by the Children's Special Health Services Program***. Please note; clients who are enrolled in the CAP-MR/DD and CAP-C programs must also comply with that program's specific procedures and guidelines.
3. In **addition** the following clinical information must be documented in the letter of medical necessity:
 - ◆ Description of the child's level of physical function indicating the clinical need for powered mobility
 - ◆ Client's ability to demonstrate **ALL** items on the ***CSHS Performance Criteria for Power Mobility Requests*** and submission of the criteria check list as part of the request packet
 - ◆ Family's needs and interests
 - ◆ Extent of anticipated use in home, school, neighborhood and community settings
 - ◆ Home (indoors and out) and community settings are or will be accessible for using power mobility
 - ◆ Back-up mobility plan or system
 - ◆ Transportation plan for all settings
 - ◆ Compatibility with other devices (if applicable)
 - ◆ Who will be providing the training in the use of the device
 - ◆ Documentation of the participation of current and new service providers is included if the child is entering a transition period to another service provider e.g., early intervention to preschool services.
 - ◆ Documentation of agreement by **ALL** of the team members with a list of the team members.
 - ◆ Documentation of eligibility for the NC Infant-Toddler Program is included when Assistive Technology Funds are requested and the need for power mobility is documented in the IFSP.

Procedure for Requesting Medicaid Funding:

1. A member of the assessment team will forward the complete packet of information to the Division of Public Health (DPH) Regional PT Consultant prior to submitting the request to Purchase of Medical Care Services. *Requests received at Purchase of Medical Care Services will be returned to the requesting agent if not accompanied by documentation of review from the Regional Physical Therapy Consultant.*

The request packet must include:

- ◆ Authorization Form DHHS 3056 (Reminder: for children enrolled in CAP-MR/DD, this form must include the name, address and signature of the CAP case manager)
 - ◆ Letter of Medical Necessity
 - ◆ **CSHS Performance Criteria for Power Mobility Requests** checklist
 - ◆ Medicaid CMN/PA form
 - ◆ Itemized price quote
 - ◆ Manufacturer's price information
2. The Regional PT Consultant will determine if the request meets the CSHS guidelines for approving powered mobility. The Regional PT Consultant will send the packet and the clinical recommendation for approval or denial to Purchase of Medical Care Services (POMCS) in conjunction with communicating the decision to the assessment team.
 3. Administrative review questions will be sent out on a "**Reply to Request for Service**" by POMCS and handled according to their policy.
 4. If approved, POMCS will send the DME supplier the original copy of the approved CMN/PA form.
 5. If the request is denied, POMCS will send a notification of the denial to the requesting agency, the DME supplier, and others according to POMCS policy. Any denial will include the rationale. Any member of the assessment team can request a review of the denial. The DPH Regional PT Consultants or Purchase of Medical Care Services should be contacted for assistance with the procedures.

Procedure for Requesting Assistive Technology Funding

1. All requests for AT funding are held to the procedural requirements as outlined in the NC Infant-Toddler Manual Technical Assistance Bulletin #30.
2. A member of the assessment team will forward the complete packet of information to the Division of Public Health (DPH) Regional PT Consultant prior to submitting the request to Purchase of Medical Care Services. *Requests received at Purchase of Medical Care Services will be returned to the requesting agent if not accompanied by documentation of review from the Regional Physical Therapy Consultant.* The request packet must include:
 - ◆ Authorization Form DHHS 3056
 - ◆ Letter of Medical Necessity
 - ◆ **CSHS Performance Criteria for Power Mobility Requests** checklist
 - ◆ Itemized price quote
 - ◆ Manufacturer's price information
3. The Regional PT Consultant will determine if the request meets the CSHS guidelines for approving powered mobility. The Regional PT Consultant will send the packet and the clinical recommendation for approval or denial to Purchase of Medical Care Services (POMCS) in conjunction with communicating the decision to the assessment team.
4. Administrative review questions will be sent out on a "**Reply to Request for Service**" by POMCS and handled according to their policy.
5. If the request is approved for funding, POMCS will send a "**Reply to Request for Service**" indicating approval of the power mobility system and components to the requesting agency, the DME supplier, and others according to POMCS policy.
6. If the request is denied, POMCS will send a "**Reply to Request for Service**" indicating denial of the power mobility system and components to the DME supplier, requesting agency and others according to POMCS policy. Any denial will include the rationale. Any member of the assessment team can request a review of the denial. The DPH Regional PT Consultants or Purchase of Medical Care Services should be contacted for assistance with the procedures

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**North Carolina Department of Health and Human Services
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**Performance Criteria for Power Mobility Requests
Through North Carolina Children's Special Health Services Program**

Request for prior approval of a power mobility device is appropriate if a client is able to demonstrate **ALL** of the following. If the client only meets some of these criteria, training should be provided to the child, family and other caregivers to help develop these skills. In addition, the request must meet the other clinical criteria listed in the ***Guidelines for Prior Approval of Power Mobility Systems by North Carolina Children's Special Health Services Program***. The intention is to provide the most appropriate recommendation for the client. The DPH Regional Physical Therapy Consultants can be contacted for consultation and assistance. This form with **Yes** circled for every item must be submitted with the packet when requesting prior approval for a power mobility system.

Child's Name: _____

Client is able to demonstrate basic driving skills.

1. The client demonstrates cause and effect concepts in the power wheelchair such that the client realizes that activating the access method (i.e., a switch) is causing movement of the power wheelchair.

Yes	No
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2. The client demonstrates "Stop" and "Go" concepts in the power wheelchair by following directions to "Stop" and "Go", or stopping consistently for obstacles.

Yes	No
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3. The client demonstrates directional concepts in the power wheelchair such that the client realizes that the power wheelchair will move in different directions, depending on how the access method is used.

Yes	No
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4. The client demonstrates the ability to follow directions while driving the power wheelchair such as "Stop," "Go" and "Come here."

Yes	No
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5. The client demonstrates the ability or emerging ability to make turns though accuracy may still be developing.

Yes	No
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Client is able to use an access method with adequate activation, sustained contact and release.

1. The client is able to consistently and accurately activate the access method (i.e., switch), sustain contact as needed and release to stop while driving the power wheelchair.

Yes	No
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2. The client demonstrates adequate endurance and consistency of motor control to drive the chair. **Yes** **No**

Client demonstrates appropriate motivation and use for their age while driving the power wheelchair.

1. The client does not show signs of aggression with the power wheelchair.

Yes **No**

2. The client will maneuver the power wheelchair to a designated destination with or without verbal cues.

Yes **No**

3. The client demonstrates adequate motivation to drive the power wheelchair by getting to a location.

Yes **No**

4. The client demonstrates purposeful use when driving the wheelchair such as the client indicates where he or she wants to go, or what he or she wants to do while in the chair.

Yes **No**

Client demonstrates adequate vision function along with appropriate judgement and problem solving to safely drive the power wheelchair.

1. The client visually attends to the environment, inside and outside and has the ability to recognize and avoid or go around obstacles such as people, furniture and playground equipment though accuracy may still be developing.

Yes **No**

2. The client will maneuver the power wheelchair through confined spaces such as doorways and other indoor areas though accuracy may still be developing.

Yes **No**

3. The client demonstrates caution by recognizing avoiding and/or stopping when approaching dangerous situations **indoors** such as walls, closed doors, stairs and other limited access situations.

Yes **No**

4. The client demonstrates caution by recognizing, avoiding and/or stopping when approaching dangerous situations **outdoors** such as curbs, stairs, other significant changes in elevation and moving vehicles. This may be demonstrated by staying on the sidewalk or away from traffic.

Yes **No**

Signature of requesting therapist: _____ Date _____

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**North Carolina Department of Health and Human Services
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Women's and Children's Health Section**

**Guidelines for Funding "No Code" Mobility Components
by the North Carolina Children's Special Health Services Program**

Purpose/Rationale: The Children's Special Health Service Program (CSHS) will fund requests for medically necessary mobility components not included on the NC Medicaid DME fee schedule for children eligible for CSHS.

Criteria for Funding:

1. Client must be enrolled with Medicaid and thus eligible for Children's Special Health Services.
2. Requests for "No Code" mobility components must follow the ***Guidelines for Prior Approval of Pediatric Mobility Systems and Components by the Children's Special Health Services***. However, the Authorization Request Form, 3056, **must** be signed by a CSHS rostered physician.
3. In **addition** the following clinical information must be documented in the letter of medical necessity
 - ◆ The clinical reasons why a mobility component available on the Medicaid fee schedule can not be used to meet the client's medical needs
 - ◆ The clinical reasons why the "No Code" component is medically necessary to meet the client's needs.
4. If approved, the "No Code" item will be reimbursed at 5% less than the manufacturer's suggested retail price.

Procedure for Requesting Funding:

1. The Division of Public Health (DPH) Regional PT Consultants can be contacted for assistance with the procedures for requesting a "No Code" item.
2. The CSHS Authorization Request Form **signed by a CSHS rostered physician**, the CMN/PA including "No Code" in the HCPCS block, the letter of medical necessity, the price quote and the manufacturer's price information must be sent to Purchase of Medical Care Services (POMCS) for prior approval review as described in the ***Guidelines for Funding Pediatric Mobility Systems and Components by the Children's Special Health Services Program***.
3. If the request is approved for funding, POMCS will send a "**Reply to Request for Service**" indicating approval of the "No Code" item to the DME supplier, requesting agency and others according to POMCS policy. The description of the item and the manufacturer's retail price less 5% will be indicated in the "Description of Service" section.
4. If the request is denied for CSHS funding, POMCS will send a "**Reply to Request for Service**" indicating denial of the "No Code" item to the DME supplier, requesting agency and others according to POMCS policy. Any denial will include the rationale. Any member of the assessment team can request a review of the denial. The DPH Regional PT Consultants or Purchase of Medical Care Services should be contacted for assistance with the procedures.
5. After delivery of the "No Code" item to the client, the vendor follows the POMCS billing procedures described on the "**Reply to Request for Service**" for reimbursement.

**North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section**

**Clinical Guidance for Requesting Secondary Mobility Systems
through North Carolina Children's Special Health Services Program**

Adaptive strollers, transporter systems and manual wheelchairs for *children birth to twenty-one years of age* may be approved by the CSHS Program as a **secondary** mobility system for a child who has a power mobility system. Secondary mobility systems are to provide a **back-up** for the power mobility and choices are expected to reflect a system for limited use.

Requests for secondary mobility systems must follow the ***Guidelines for Prior Approval of Pediatric Mobility Systems and Components by North Carolina Children's Special Health Services***

Factors to consider and to address in the letter of medical necessity when prescribing a secondary mobility system include:

- ◆ Medical necessity
- ◆ Rationale for selected system over other options; e.g., stroller v. manual wheelchair
- ◆ Cost (additional justification needed for devices which exceed \$2, 500)
- ◆ Positioning components required for limited use device
- ◆ Ability of seating system or other components to be used interchangeably between the power and manual chairs to avoid duplication of parts
- ◆ Portability and ease of use, transportation
- ◆ Caregiver needs, interests and lifestyle
- ◆ Extent of time secondary system will be used
- ◆ Environments in which device will be used and accessibility of each.

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**North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section**

**Clinical Guidance for Requesting Adaptive Strollers and Transporter Systems
through the North Carolina Children's Special Health Services Program**

Adaptive strollers and transporter systems for children *birth to twenty-one years of age* may be approved by the Children's Special Health Services Program (CSHS) as a **primary** mobility device under the following conditions (all criteria must be met):

1. Commercial stroller is too small or cannot be adapted to meet child's positioning needs,
2. Loaned/recycled equipment is not available for the length of time needed,
3. Manual wheelchair does not meet child/family needs,
4. Device is expected to meet child's needs for approximately 3 years, and
5. Child's plan of care indicates that primary use is for mobility. If primary use/need is for positioning, consider adaptive seating device.

Requests for adaptive strollers or transporter chairs must follow the ***Guidelines for Prior Approval of Pediatric Mobility Systems by North Carolina Children's Special Health Services Program.***

Factors to consider and address in the letter of medical necessity when prescribing a primary mobility system:

Child

- ◆ age
- ◆ size
- ◆ diagnosis
- ◆ prognosis
- ◆ physical status – posture, strength, tone, endurance, range of motion
- ◆ functional skills – sitting, ambulation, transfers, potential or ability for self-propulsion

Family

- ◆ needs, interests, preferences
- ◆ lifestyle
- ◆ ability to manage device – position child, propel device, adjust device, transport, get into home, store/use in home

Use/Purpose of Device

- ◆ mobility
- ◆ positioning
- ◆ feeding
- ◆ play/school
- ◆ vehicle transport

Device

- ◆ durability
- ◆ growth capacity
- ◆ cost
- ◆ ability to be modified for changes in child's needs for postural support and/or function
- ◆ extent of use
- ◆ ease of use

Environments

- ◆ Settings/situations in which device will be used
- ◆ Accessibility

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**North Carolina Department of Health and Human Services
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Women's and Children's Health Section**

Guidelines for Prior Approval of Adaptive and Assistive Devices by the North Carolina Children's Special Health Services Program

Purpose/Rationale: The NC Children's Special Health Service Program (CSHS) is the prior approval agency for adaptive and assistive devices that are not available on the Medicaid fee schedule. These items include but are not limited to activities of daily living items, walkers, crutches, bath chair bases, adult size specialty bath chairs, standers, portable ramps, van tie-down systems, Cascade orthotics and toilet systems. Positioning chairs will only be covered if the client does not have a mobility system with positioning components. In addition to these items, bath chairs, therapy items, positioning devices and gait trainers with seats are covered for children eligible for Assistive Technology Funds. For prior approval of adaptive car seats and vests, see separate guidelines.

Criteria for funding:

1. Clients must be under 21 years of age, have a chronic health condition or developmental disability and be eligible for one of the following programs:

- ◆ Medicaid
- ◆ Assistive Technology Funds through the NC Infant-Toddler Program.

Note: Clients enrolled in the CAP-MR/DD program should contact the CAP case manager to obtain items through the CAP waiver program.

2. Prior approval must be requested with the following documentation:

- ◆ CSHS 3056 Authorization Request form completed and signed as follows:
 - CSHS Funding: CSHS rostered physician
 - AT Funding: local prescribing OT, PT or prescribing physician
- ◆ A brief statement of medical necessity from the physician or physical or occupational therapist for standers, toilet systems, treatment, positioning and ADL items including:
 - The medical/clinical reason explaining the client's need of the item.
 - The willingness and ability of the client, family and other caregivers to accommodate and use the item in their home, preferably demonstrated through trial period with the device. This particularly applies to standers
 - Toilet Systems: Documentation of the child's ability to participate appropriately in a toileting program either through a timed schedule or communication to caregivers. Any additional information pertinent to support the need for the equipment at home.
 - The child is eligible for the NC Infant-Toddler Program and the need for the item is documented in the IFSP when Assistive Technology Funds are requested.
- ◆ Itemized price quote with manufacturer's price information and statement "No Medicaid Code."

Procedure for Requesting CSHS Funding:

1. Division of Public Health (DPH) Regional PT Consultant can be contacted for assistance to determine the need and the appropriateness of the item.
2. The requesting agency or therapist will complete the documentation as listed above and forward to POMCS, DHHS Controller's Office, 1904 Mail Service Center, Raleigh NC 27699-1904.

Procedure for Requesting Assistive Technology Funding:

1. All requests for AT funding are held to the procedural requirements as outlined in the NC Infant-Toddler Manual Technical Assistance Bulletin #30.
2. Division of Public Health (DPH) Regional PT Consultant can be contacted for assistance to determine the need and the appropriateness of the item.
3. The requesting agency or therapist will complete the documentation as listed above and forward to POMCS, DHHS Controller's Office, 1904 Mail Service Center, Raleigh, NC 27699-1904.

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**North Carolina Department of Health and Human Services
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Guidelines for Prior Approval of Child Passenger Safety Restraints by the North Carolina Children's Special Health Services Program

Purpose/Rationale: The NC Children's Special Health Service Program (CSHS) is the prior approval agency for adaptive car seats and vehicular transport vests for children who are unable to be transported safely with a seat belt or standard child car safety seat.

Criteria for funding:

1. Clients must be under 21 years of age, have a chronic health condition or developmental disability and be eligible for one of the following programs:
 - ◆ Medicaid
 - ◆ Assistive Technology Funds through the NC Infant-Toddler Program.

Note: Clients enrolled in the CAP-MR/DD program should contact the CAP case manager to obtain items through the CAP waiver program.
2. Prior approval must be requested with the following documentation:
 - ◆ CSHS 3056 Authorization Request form completed and signed as follows:
 - CSHS Funding: CSHS Rostered physician
 - AT Funding: local prescribing OT, PT or CSHS Rostered physician
 - ◆ A letter of medical necessity from the physician or physical or occupational therapist, including documentation that:
 - The child has outgrown the infant and child sizes of standard child car safety seats and reasons the child can not be safely transported in a car seat belt.
 - The child weighs at least 27lbs. or has a seat to crown height that is longer than the back height of the largest child car safety seat.
 - The child is eligible for the NC Infant-Toddler Program and the need for an adaptive car seat or vest is documented in the IFSP, when Assistive Technology Funds are requested.
 - ◆ Itemized price list with statement "No Medicaid Code."

Procedure for Requesting CSHS Funding:

1. Division of Public Health (DPH) Regional PT Consultant can be contacted for assistance to determine need and appropriateness of the car seat.
2. The requesting agency or therapist will complete the documentation as listed above and forward to POMCS, DHHS Controller's Office, 1904 Mail Service Center, Raleigh, NC 27699-1904.

Procedure for Requesting Assistive Technology Funding

1. All requests for AT funding are held to the procedural requirements as outlined in the NC Infant-Toddler Manual Technical Assistance Bulletin #30.
2. Division of Public Health (DPH) Regional PT Consultant can be contacted for assistance to determine need and appropriateness of the car seat.
3. The requesting agency or therapist will complete the documentation as listed above and forward to POMCS, DHHS Controller's Office, 1904 Mail Service Center, Raleigh, NC 27699-1904.

**North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section**

**Guidelines for Prior Approval of Home Ramp Systems
by the North Carolina Children's Special Health Services Program**

Purpose/Rationale: The NC Children's Special Health Service Program (CSHS) is the prior approval agency for commercially manufactured ramps for children who require a ramp for home access.

Criteria for funding:

1. Clients must be under 21 years of age, have a chronic health condition or developmental disability and be eligible for one of the following programs:
 - ◆ Medicaid
 - ◆ Assistive Technology Funds through the NC Infant-Toddler Program.
Note: Clients enrolled in CAP-MR/DD and CAP/C should contact the CAP case manager to request this item through that program.
2. Prior approval must be requested with the following documentation:
 - ◆ CSHS 3056 Authorization Request form completed and signed as follows:
 - CSHS Funding: CSHS rostered physician
 - AT Funding: local prescribing OT, PT or prescribing physician
 - ◆ Letter of medical necessity from physician or physical or occupational therapist. Justification of ramp lengths, platforms and special features can be included in the letter of medical necessity or submitted by DME supplier
 - ◆ Itemized price list with manufacturer price information
 - ◆ The child is eligible for the NC Infant-Toddler Program and the need for a home ramp is documented in the IFSP, when Assistive Technology Funds are requested

Procedure for Requesting CSHS or Assistive Technology (AT) Funding:

1. Division of Public Health (DPH) Regional PT Consultant can be contacted for assistance to determine need and appropriateness of ramp and advice on purchase.
2. All requests for AT funding are held to the procedural requirements as outlined in the NC Infant-Toddler Manual Technical Assistance Bulletin #30.
3. The clinical team (physician, therapist, DME supplier and family) will assess the dwelling and design the ramp specifications to ensure safety and appropriateness.
4. The requesting agency or therapist will complete the documentation and forward it to the Regional PT Consultant. *Documentation received at Purchase of Medical Care Services will be returned to requesting agent if not accompanied by approval of Regional Physical Therapy Consultant.*
5. The Regional PT Consultant will send the request and the recommendation for approval or denial to Purchase of Medical Care Services (POMCS). POMCS will notify the requesting agency, DME supplier, and others according to POMCS policy of the approval or denial.
6. Appeals for denials should be directed to POMCS.
7. If approved, the DME supplier will install the ramp and notify the Regional PT Consultant that installation has been completed.
8. The Regional PT Consultant confirms the proper installation and notifies POMCS and the DME supplier when the claim can be submitted to POMCS. If the installation is approved, the DME supplier can submit a claim for payment. If changes or corrections are needed, the Regional PT Consultant notifies the DME supplier and the requesting agency. Once corrections are approved by the Regional PT Consultant, the Regional PT Consultant will notify POMCS and the DME supplier and the claim may be submitted to POMCS.

Revised 3/04

**North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section**

**Guidelines for Prior Approval of Specialized Pediatric Beds
By the North Carolina Children's Special Health Services Program**

Purpose/Rationale: The NC Children's Special Health Service Program (CSHS) is the prior approval agency for pediatric specialized beds that are not available on the Medicaid fee schedule.

Criteria for funding:

1. Clients must be under 21 years of age, have a chronic health condition or developmental disability and be eligible for one of the following programs:
 - ◆ Medicaid
 - ◆ Assistive Technology Funds through the NC Infant-Toddler Program.

2. Prior approval must be requested with the following documentation:
 - ◆ CSHS 3056 Authorization Request form completed and signed as follows:
 - ◆ CSHS Funding: CSHS rostered physician (Reminder: for children enrolled in CAP-MR/DD, this form must include the name, address and signature of the CAP case manager)
 - ◆ AT Funding: prescribing physician
 - ◆ A letter of medical necessity from the physician or physical or occupational therapist should include:
 - ◆ The medical/clinical reason explaining the client's need for the specialized bed. Requests for safety or behavioral management for the client will not be funded.
 - ◆ An explanation of why the following will not adequately address the clinical problems:
 - ◆ a regular bed
 - ◆ a hospital bed on the Medicaid fee schedule with full-length rails
 - ◆ modifications to the child's bedroom environment
 - ◆ A statement that the child is eligible for the NC Infant-Toddler Program and the need for the item is documented in the IFSP when Assistive Technology Funds are requested.
 - ◆ Itemized price quote with manufacturer's price information and statement "No Medicaid Code."

Procedure for Requesting CSHS Funding:

1. Division of Public Health (DPH) Regional PT Consultant can be contacted for assistance to determine the need and the appropriateness of the specialized bed.
2. The requesting agency or therapist will complete the documentation as listed above and forward to POMCS, DHHS Controller's Office, 1904 Mail Service Center, Raleigh NC 27699-1904.

Procedure for Requesting Assistive Technology Funding

1. All requests for AT funding are held to the procedural requirements as outlined in the NC Infant-Toddler Manual Technical Assistance Bulletin #30.
2. Division of Public Health (DPH) Regional PT Consultant can be contacted for assistance to determine the need and the appropriateness of the specialized bed.
3. The requesting agency or therapist will complete the documentation as listed above and forward to POMCS, DHHS Controller's Office, 1904 Mail Service Center, Raleigh NC 27699-1904.

Revised 3/04

**North Carolina Department of Health and Human Services
NC Division of Public Health
Physical Therapy Consultants**

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