

# ANCILLARY SERVICES CRITERIA FOR OHP



Prepared by

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

October 1, 2000

# Ancillary Services

## Transmittal Record

Use this sheet to record any revisions to this Guide. As replacement pages are inserted into the guide, enter the insertion date across from the corresponding revision number.

<b>Revision Number</b>	<b>Date Inserted</b>
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# Oregon

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September 25, 2000

**To:** Providers of Ancillary Services

**From:** Joan Kapowich, Manager  
Program and Policy Section, OMAP 

**Subject:** *Full Revision to Ancillary Services Guide*

**Effective Date:** October 1, 2000

The *Ancillary Services* guide has been revised and reissued. Please read it carefully. Some of the changes include:

➔ New criteria for the following items:

- Pads for Bed Side Rails
- Pressure Mapping Device
- Hearing Aid Batteries
- Tilt-in-Space Feature for Wheelchair
- Hook on Headrest Extension for a Wheelchair
- Elevating Legrests for a Wheelchair
- Negative Pressure Wound Therapy
- Intravenous (IV) Services in Nursing Facilities (SNF or ICF)  
IV Fluids, Medications, Tubing and Pumps
- External Breast Protheses
- Cold Therapy
- Ankle-Foot/Knee-Ankle-Foot Orthosis
- Spinal Orthoses: Thoracic-Lumbar-Sacral Orthoses  
and Lumber-Sacral Orthoses
- Standing Frame
- Respiratory Assist Devices
- Continuous Positive Airway Pressure System (CPAP)

➔ Specific criteria for Ancillary Services have been removed from this guide. The criteria are shown in each provider guide.

Replace your Ancillary Services guide with the enclosed guide.

*“Assisting People to Become Independent, Healthy and Safe”  
An Equal Opportunity Employer*



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## **Introduction**

The Ancillary Services Criteria For Oregon Health Plan (OHP) is developed by a work group with members from OMAP, SDSO, AAA, MHDDSD and prepaid health plan representatives. The criteria has been extensively reviewed by the provider and user community.

This Ancillary Services Criteria guide is to be used in conjunction with the various OMAP provider guides. As stated in the Oregon Health Plan Administrative Rules, the following order of precedence is followed: Federal Law, regulation and waivers; Oregon state law, Oregon Health Plan Administrative Rules, Office of Medical Assistance Program General Rules, the various ancillary services provider guides, and The Ancillary Services Criteria guide.

Providers serving fee-for-service clients must follow the rules in the provider guide pertaining to their specialty. The Ancillary Services Criteria is not rule and does not supersede the rules, it is used as a guideline only.

For services or items not listed in this guide see the individual provider guide.



---

**Description:**

Apnea Monitors

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0240.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- At risk for Sudden Infant Death Syndrome (SIDS)
- Apparent life-threatening event (ALTE)
- Apnea from neurological disorder
- Symptomatic apnea or prematurity
- Craniofacial malformation likely to cause symptomatic apnea

**Expected Outcomes:**

- Survival

---

**Description:**

Augmentative Communication Devices

**Criteria:**

- See *Speech-Language Pathology, Audiology and Hearing Aid Services; Practitioner's* guide rule 410-129-0220.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Able to communicate needs
- Improve communication
- Promote independence

---

**Description:**

Bath Supplies

(As listed in Durable Medical Equipment Guide under bath supplies.)

**Criteria:**

- Durable Medical Equipment items used in the bathroom should be related to a medical condition which affects the client's ability to be independent and safe in bathing and toileting.
- Provision of services allows clients to be independent, safe, and/or out of a facility.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Degenerative spinal cord injury
  - Cerebral Vascular Accident (CVA)
  - Amyotrophic Lateral Sclerosis (ALS)
  - Cerebral Palsy (CP)
  - Complicated fractures

**Expected Outcomes:**

- Independence in bathing and toileting
- Safety
- Basic independence

---

**Description:**

Electric Breast Pumps

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0250.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maintain mother's milk supply

- Encourage breast feeding
- Optimum health

---

## **Description:**

Commodes

### **Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0600.

### **Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Severe neurologic disease or condition
  - Severe respiratory disease or condition
  - Severe muscular disease or conditions

### **Expected Outcomes:**

- Independence in bathing and toileting
- Safety
- Basic independence

---

## **Description:**

Diapers, Diaper Service, Wearable Incontinent Supplies

### **Criteria:**

- Limit of 360 incontinent supplies per month per adult or child. This could be diaper, pad and pant, shields, liners or other systems. This would be the equivalent of a diaper change every two hours around the clock. If in some extremely unusual circumstances, someone would need more than that, documentation may be required of the need in order to extend the amount purchased.
- Require documentation of the need for diapers from ages 3-5. The intent would be to cover those children who have a diagnosis that affects continence, but to exclude the coverage of diapers for children whose plan of care should include toilet training.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services.
- Incontinence above the age of 5.
- Medical condition that affects continence of child age 3-5.

**Expected Outcomes:**

- Independence
- Preserve skin integrity
- Social acceptance
- Prevention of serious medical complications due to other methods of incontinence management.
- Allows community placement.

---

**Description:**

Disposable Non-Wearable Incontinent Supplies

**Criteria:**

For under-pads for adults and children:

- If client is using wearables also, limit under-pads to 100 per month.
- If client is not using wearables, this would essentially mean that the client is bed-bound. There would be no limit on non-wearable incontinent supplies.
- If the client is using more than 100 per month, approval would be on an individual consideration basis.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Incontinence above the age of 5
- Medical condition that affects continence of child age 3-5

**Expected Outcomes:**

- Independence
- Preserve skin integrity

- Social acceptance
- Allows community placement

---

## **Description:**

Food Supplements

### **Criteria:**

For clients over age 6:

- The client is being tube fed due to non-function of the structures that normally permit food to reach the digestive tract, or the client is unable to swallow or take food orally, or
- If the client is taking food by mouth with a recent (6 months) unplanned weight loss of 10 percent or more of usual body weight and one of the following:
  - Increased metabolic need resulting from severe trauma (e.g., burns, infections, recent major bone fracture), or
  - Malabsorption difficulties such as short-gut syndrome, fistula, cystic fibrosis, or currently undergoing renal dialysis (e.g., cystic fibrosis, renal disease, short gut syndrome, Crohn's disease, other unspecified disorders of the gut), or
  - Ongoing cancer treatment, advanced Acquired Immuno Deficiency Syndrome (AIDS), or pulmonary insufficiency, or
  - Nutritional wasting due to chronic disease (e.g., cancer, advanced AIDS, pulmonary insufficiency, conditions resulting in dysphagia), or
  - Nutritional deficiency identified by lower serum protein levels (serum albumin or serum prealbumin) or assessment by a registered dietician that caloric/protein intake is not obtainable through regular, liquefied or pureed foods.
- Client has a nutritional deficiency identified by one of the following:
  - Recent low serum protein levels, or
  - Recent Registered Dietician assessment indicates sufficient caloric/protein intake is not obtainable through regular, liquefied or pureed foods.

For clients 6 and under:

- Meets one of the above criteria except weight loss does not apply, or
- If the diagnosis is failure to thrive.

For clients in a nursing facility:

- If the client is eating food items/preparations other than oral nutritional supplements, reimbursement for oral nutritional supplements is the responsibility of the Nursing Facility.

**Diagnosis:**

- Above the funded line on the Prioritized List Health Services
- As stated in the criteria

**Expected Outcomes:**

- Condition improves so criteria are no longer met
- Able to eat caloric intake to maintain weight/growth pattern
- No further weight loss
- Stable laboratory test results
- Child follows established percentile growth pattern.

---

**Description:**

Grab Bars

**Criteria:**

- Provision of service allows client to be independent, safe, or out of a facility.
- The installation of the grab bars are not covered by OHP.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Degenerative spinal cord injury
  - Cerebral Vascular Accident (CVA)
  - Amyotrophic Lateral Sclerosis (ALS)
  - Complicated fracture

**Expected Outcomes:**

- Independence in bathing and toileting
  - Safety
  - Basic independence
- 

**Description:**

Hearing Aids

**Criteria:**

- See *Speech-Language Pathology, Audiology and Hearing Aid Services: Practitioner's guide* rule 410-129-0070.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Independence
  - Improve hearing
  - Improve communication
- 

**Description:**

Heating and Cooling Accessories

(As listed in Durable Medical Equipment Guide under Heating/Cooling Accessories)

**Criteria:**

- Reasonable and necessary to meet the medical need in an effective and least costly manner.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maximize health potential

---

**Description:**

Home Blood Glucose Monitor

Supplies necessary to operate the blood glucose monitor (e.g., test strips, batteries, lancets, spring powered device, platforms, alcohol)

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0520.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Insulin dependent diabetic, non-insulin diabetic when device would improve compliance

**Expected Outcomes:**

- Accurate determination of blood sugar levels in home setting, resulting in appropriate dosing of medication
- Decrease complications
- Improve compliance

---

**Description:**

Home Health - Nursing or Therapy Visit or Evaluation

**Criteria:**

- See *Home Health Care Services* guide rule 410-127-0200.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maximize health potential
- Meet the skilled needs of client
- Maintain in least restrictive environment
- Cost-effective

---

**Description:**

Home Uterine Monitoring Program

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0260.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- As stated in the rule

**Expected Outcomes:**

- Early detection of premature labor
- Healthy baby

---

**Description:**

Home Whirlpool

**Criteria:**

- A home whirlpool is not covered; not medically appropriate.

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Hospital Beds - Fixed Height

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0380.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maintain independence
  - Relieve pain
  - Preserve function
  - Safety
- 

**Description:**

Hospital Beds - Semi-Electric

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0380.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maintain independence
  - Relieve pain
  - Preserve function
  - Safety
- 

**Description:**

Hospital Beds - Total Electric

**Criteria:**

- Total electric beds are not covered.
- An electric bed height adjustment feature is not covered.

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Hospital Beds - Variable Height

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0380.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maintain independence
- Relieve pain
- Preserve function
- Safety

---

**Description:**

Isolettes

**Criteria:**

- Not covered, not appropriate for home use.

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Manual Wheelchair Base

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0320.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Give degree of independence.

---

**Description:**

Motorized/Power Wheelchair Base

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0320.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- A patient who requires a power wheelchair usually is totally nonambulatory and has severe weakness of the upper extremities due to a neurologic, respiratory, or muscular disease/condition
- Includes, but not limited to:
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Cerebra Palsy (CP)

**Expected Outcomes:**

- Give degree of independence

---

**Description:**

Neuromuscular Electrical Stimulator

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0510.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Contractures due to scarring of soft tissue as in burn lesions
  - Hip replacement surgery

**Expected Outcomes:**

- Improve contractures
- Improve muscle tone
- Improve function

---

**Description:**

Hourly Nursing Services for Medically Fragile Children in Their Home

**Criteria:**

- Has a condition with a high probability that complications would arise without the continuous skilled nursing management of the treatment program; and
- Requires substantial and complex daily skilled nursing care; and
- Must be assessed and monitored; and
- Meets the criteria in the OMAP Private Duty Nursing Services Guide
- If the need is anticipated for longer than 60 days then refer the client to the Medically Fragile Children's Unit

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Service.

**Expected Outcomes:**

- Maintain in least restrictive environment
- Maximize health potential

- Meet the skilled nursing needs of the client
  - Teaching family and caregivers to assume safe care
- 

## **Description:**

Physical and Occupational Therapy

### **Criteria:**

- For clients who are dual eligible (Medicare/Medicaid), Medicare is the primary resource and authorization follows Medicare criteria. If the justification does not meet Medicare's criteria or the service is not covered by Medicare then the following criteria is used.
- Therapy treatments will not exceed one hour per day.
- Up to 2 modalities per day of treatment.
- Evaluation of capability of client, family, foster parents or caregiver to carry out therapy treatment regimen.
- Therapy treatment plan and regimen will be taught to the client, family, foster parents, and/or caregiver.
- Re-evaluations as needed to reassess, change the treatment plan, or to teach the caregiver.

### **Diagnosis:**

- Above the funded line on Prioritized List of Health Services

### **Expected Outcomes:**

- Teach the family, friends, and/or caregivers the therapy regimen to maintain function based on original treatment plan
  - Meet the therapy treatment plan goals and objectives
  - Reach maximum potential plateau
- 

## **Description:**

Postural Seating System (Positioning Car Seat)

### **Criteria:**

- A positioning car seat is recommended if child's condition is such that they have severe motor impairment or spasticity and lack sufficient head and trunk control which would enable them to sit erect in a regular car seat without becoming entangled in the restraint straps.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Hypotonia
- Ataxia
- Athetosis

**Expected Outcomes:**

- Provide proper positioning, support and mobility
- Decrease risk of severe skeletal deformities
- Prevent injury

---

**Description:**

Powered Air Flotation Bed

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0400.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Improve status of skin integrity

---

**Description:**

Power Operated Vehicle (POV)

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0330.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)

## **Expected Outcomes:**

- Give degree of independence

---

## **Description:**

Continuous Pulse Oximeter

### **Criteria:**

- A physician order is required with appropriate medical oversight and direction.
- Individual has a condition which requires frequent oxygen concentration adjustments.
- Documentation of more than 3 desaturations below 88% per month.
- Requires more than 2 tracheal suctionings per hour.
- There is an individual available who is properly instructed, and able to perform the test, document the result, and implement the appropriate therapeutic intervention.
- Continuous reimbursement based on documentation of above criteria.
- Routine use of oximetry is not covered.
- The device may be purchased if condition and need for oxygen adjustments will be long term or life long.

### **Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Individuals who are ventilator dependent
  - Premature infants with bronchopulmonary dysplasia
  - Deteriorating conditions such as Amyotrophic Lateral Sclerosis (ALS)
  - Other illness with signs indicating or suggesting increased hypoxemia.

### **Expected Outcomes:**

- Adjustments to oxygen concentration are appropriate and therapeutic
- Maintenance of therapeutic blood oxygenation levels.

---

**Description:**

Side Rails on Non-Hospital Beds

**Criteria:**

- May evaluate on an individual consideration basis.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Safety
- Maintain independence

---

**Description:**

Skilled Nursing Services in the Home

**Criteria:**

- Needs observation and assessment by nurse.
- Delegation available according to nurse practice act Article 47.
- Meets definition of skilled nursing
- Skilled nursing is a service which must be provided by a registered nurse or a licensed practical nurse under the supervision of a registered nurse due to the inherent complexity of the service, the client's condition and the accepted standards of medical and nursing practice. The focus of these services shall be the use of the nursing process to diagnose and treat human response to actual or potential health care problems, health teaching, the provision of direct client care, and the teaching, delegation, and supervision of others who provide tasks of nursing care to others. Such services will comply with the nurse practice act and administrative rules of the Oregon State Board of Nursing.
- May evaluate on an individual consideration basis.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maintain in least restrictive environment

- Cost-effective and safe environment
- Maximize health potential
- Meet the skilled nursing needs of client

---

**Description:**

Speech Therapy

**Criteria:**

- See *Speech-Language Pathology, Audiology and Hearing Aid Services; Practitioner's* guide rule 410-129-0020 and 410-129-0070.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Meet the therapy treatment plan goals and objectives
- Teach the family, friends, and/or caregivers the therapy regimen to maintain function based on original treatment plan
- Reach maximum potential plateau

---

**Description:**

Sterile Gloves

**Criteria:**

- Covered when needed for a sterile procedure.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Prevention of disease transmission
- Maintenance of sterile field

---

## Description:

Transcutaneous Electrical Nerve Stimulators

### Criteria:

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0500.

### Diagnosis:

- Above the funded line on the Prioritized List of Health Services
- As stated in the criteria

### Expected Outcome:

- Reduction of pain
- Improved quality of life
- Increase mobility

---

## Description:

Trapeze Bars, Traction, Other Bed Accessories

### Criteria:

- For clients who are dual eligible (Medicare/Medicaid), Medicare is the primary resource and authorization follows Medicare criteria. If the justification does not meet Medicare's criteria or the service is not covered by Medicare then the following criteria is used.
- A trapeze bar is covered when patient needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in and out of bed.
- Bed cradle is covered for a patient with a condition not limited to acute gouty arthritis, burns or for whom it is necessary to prevent contact with the bed coverings.
- Traction as determined to be reasonable and necessary.

### Diagnosis:

- Above the funded line on Prioritized List of Health Services

### Expected Outcomes:

- Least restrictive level of care

- Safety
- Maintain independence
- Healed fractures, or burns

---

## **Description:**

Unsterile Gloves

### **Criteria:**

- Tied to an appropriate diagnosis and limited to 400 gloves per month.
- May evaluate on an individual consideration basis.

### **Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Included, but not limited to:
  - Dysphagia
  - Colostomy
  - Hepatitis
  - Human Immunodeficiency Virus (HIV)
  - Incontinence
  - Respiratory failure

### **Expected Outcomes:**

- Prevention of disease transmission

---

## **Description:**

Walkers

### **Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0375.

### **Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)

**Expected Outcomes:**

- Give degree of independence
- 

**Description:**

Air Cleaners/Air Purifiers

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable
- 

**Description:**

Antiseptic Towelettes

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0560.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Neurogenic bladder
  - Urinary obstruction

**Expected Outcomes:**

- Give degree of independence
- Reduce bladder infection

---

**Description:**

Baby Wipes/Disposable Washcloth/Wipes/Incontinent Wipes

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Hand Held Showers

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Hippotherapy/Therapeutic Horseback Riding/Equine Assisted Therapy

**Criteria:**

- Not covered
- Not appropriate setting

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Home Health Aide Services

**Criteria:**

- Must have skilled need and home health aide visit is related to the skilled need.
- Must be supervised by Registered Nurse through Home Health Agency
- Home is most appropriate, cost-effective setting for service to occur

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Maintain in least restrictive environment
- Support the home health treatment plan.

---

**Description:**

Positioning Commode

**Criteria:**

- Need trunk stability
- Inability to safely use standard commode
- Not for caregiver convenience
- Not for restraint

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Spastic cerebral palsy
  - Athetoid disorder
  - Frequent uncontrolled seizures
  - Autonomic disraphexia

**Expected Outcomes:**

- Bowel and bladder program control
  - Safe toileting
- 

**Description:**

Sounds and Lights Monitor

- Alerts hard of hearing parent that baby is crying
- Not related to apnea monitor

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable
- 

**Description:**

Alcohol Wipes/Solution

**Criteria:**

- Routine medication injections
- Limited to 2 alcohol wipes per injection or 1 pint per 2 months

**Diagnosis:**

- Above the funded line on Prioritized List of Health Services
- Includes but not limited to:
  - Diabetes
  - Pain
  - Vitamin B deficiency

**Expected Outcomes:**

- Clean field for injection site

---

**Description:**

Blood Glucose Test Strips

(Not used with a blood glucose monitor)

**Criteria:**

- Abnormal blood sugars
- No home blood glucose monitor
- Do not meet the criteria for home blood glucose monitor

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:  
Diabetes, insulin or non insulin dependent

**Expected Outcomes:**

- Stable blood sugars

---

**Description:**

Digital Blood Pressure Monitor

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0620.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Hypertension
- Hypotension

**Expected Outcomes:**

- Maximize independence
- Most cost effective method to monitor blood pressure

---

**Description:**

Egg Crate Mattress

**Criteria:**

- No demonstrated therapeutic benefit
- See more appropriate covered pressure reducing surfaces

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Orthopedic Shoes

“Shoes designed with special features to accommodate, relieve or remedy some mechanical foot defect or abnormality, and prescribed by a doctor.”

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0460.

**Diagnosis:**

- Above the funded line on Prioritized List of Health Services

**Expected Outcomes:**

- Intended to correct gait or positioning of foot
- Proper functioning of brace
- Demonstrated improvement in mobility
- Relieve or remedy some mechanical foot defect or abnormality
- Improved access to environment

\* = As defined by the American Orthotic and Prosthetic Association Coding Subcommittee who agree with the definition provided by the Pedorthic Footwear Association.

---

**Description:**

Safety Roller Walker

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0375.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Parkinson's disease
  - Huntington's Chorea
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)

**Expected Outcomes:**

- Increase ambulation potential
- Give degree of independence
- Client able to ambulate safely

---

**Description:**

Low Intensity Pulsed Ultrasound Therapy

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Electric Tooth Brush

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable
- 

**Description:**

Manual Wheelchair Rental

**Criteria:**

- Needs to meet the criteria for manual wheelchair for up to 6 months short term use
- Consider rent-to-purchase if length of use is uncertain
- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0320.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Give degree of independence
  - Improve mobility
  - Promote upper body development
- 

**Description:**

Prone Stander, Supine Stander

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0365.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Paraplegia
  - Quadriplegia
  - Contractures
  - Dysfunctional posturing condition consistent with need for standing positioner

**Expected Outcomes:**

- Delays osteoporosis
- Improve bowel and bladder function
- Maintain respiratory function
- Promote independence

---

**Description:**

Sidelyer

**Criteria:**

- Contractures that are capable of being reduced
- Unable to meet positioning and support needs with other positioning devices
- Provide positioning for prevention of reflux during feeding
- The caregiver and/or family are capable of using the equipment appropriately
- The home needs to be able to accommodate the equipment

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Cerebral palsy
  - Traumatic brain injury
  - Spastic quadriplegia

**Expected Outcomes:**

- Maintain respiratory function

- Prevent or correct contractures
- Improve digestion
- Maintain cardiovascular function

---

**Description:**

Binaural Hearing Aids for Children (birth to age 21)

**Criteria:**

- See *Speech-Language Pathology, Audiology and Hearing Aid Services; Practitioner's* guide rule 410-129-0070.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Hearing loss described in rule

**Expected Outcomes:**

- Improved access to environment
- Improved hearing
- Enhance educational potential
- Improve outcomes of co-morbid condition

---

**Description:**

Binaural Hearing Aids for Adults

**Criteria:**

- See *Speech-Language Pathology, Audiology and Hearing Aid Services; Practitioner's* guide rule 410-129-0070.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Vision loss
- Hearing loss

**Expected Outcomes:**

- Safety
- Maximize independence
- Improved hearing threshold
- Improved access to environment

---

**Description:**

Washable Non-Wearable Incontinent Under-pad

**Criteria:**

- If client is using wearable incontinent supplies also,
  - Limited to 5 at initial order
  - May be replaced every 90 days
  - Rare and unusual circumstances may be evaluated on an individual consideration basis

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Incontinence above the age of 5
- Medical condition that affects the continence of child age 3-5

**Expected Outcomes:**

- Independence
- Preserve skin integrity
- Allows community placement

---

**Description:**

Stroller

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

**Description:**

Periwash

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable
- 

**Description:**

Ophthalmological Examination for Children (birth through age 20)

**Criteria:**

- See *Visual Services; Practitioner's* guide rule 410-140-0140.

**Diagnosis:**

- Above the funded line on Prioritized List of Health Services

- Medical

Includes, but not limited to:

- Diabetes
- Foreign body
- Burns
- Keratoconus
- Congenital abnormalities

- Eye glasses

Includes, but not limited to:

- Myopia
- Presbyopia
- Ambliopia
- Astigmatism
- Hypermetropia

## **Expected Outcomes:**

- Improved vision
- Monitor disease process
- Obtain or maintain independence
- Improved access to environment

---

## **Description:**

Eye Glass Frames, Lenses, Fitting, and Repair for Children (birth through age 20)

### **Criteria:**

- See *Visual Services; Practitioner's* guide rules 410-140-0140, 410-140-0200 and 410-140-0260.

### **Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Safety lenses:
  - Adequate vision in one eye only
  - Seizure disorder
  - Self injurious behaviors
  - At risk for detached retina

Specialty frames:

Congenital or acquired facial and head deformities

Routine frames:

- Myopia
- Presbyopia
- Ambliopia
- Astigmatism
- Hypermetropia

## **Expected Outcomes:**

- Improved vision
- Safety of eyes
- Obtain or maintain independence
- Functional fitted frames and lenses
- Improved access to environment

---

**Description:**

Contact Lenses for Children (birth through age 20)

**Criteria:**

- See *Visual Services; Practitioner's* guide rule 410-140-0160.

**Diagnosis:**

- Above the funded line on Prioritized List of Health Services
- Includes, but not limited to:
  - Refractive error which is 9 diopters or greater in any meridian
  - Keratoconus
  - Anisometropia, when the difference in power between two eyes is 3 diopters or greater
  - Nystagmus
  - Irregular astigmatism
  - Aphakia

**Expected Outcomes:**

- Improved vision
- Slowing of disease process
- Obtain or maintain independence
- Improved access to environment

---

**Description:**

QFOAM<sup>™</sup> Comfort and Fallout Furniture

**Criteria:**

- Not covered

**Diagnosis:**

- None approved

**Expected Outcomes:**

- Not applicable

---

## Description:

Gait Belt

### Criteria:

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0370.

### Diagnosis:

- Above the funded line on the Prioritized List of Health Services
- Includes but not limited to:
  - Status post cerebral vascular accident
  - Neurological disorders
  - Cerebral palsy
  - Muscular dystrophy; initial use of braces
  - Spina Bifida - when graduating into walking independently
  - Cancer - during or post-chemotherapy may feel weak, and thus unsafe or insecure
  - Crutch Training - cast on foot or leg, non-weight bearing
- Contraindications:
  - Includes but not limited to:
    - Gastrostomy button
    - Abdominal wounds or injuries
    - Abdominal appliances

### Expected Outcomes:

- Safety
- Independence
- Mobility
- Foster self-confidence
- Improve access to environment

---

**Description:**

Rehab Shower Chair

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0580.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes but not limited to:
  - Huntington's chorea
  - Amyotrophic lateral sclerosis
  - Athetoid cerebral palsy

**Expected Outcomes:**

- Safety
- Enhanced independence
- Hygiene
- Maintain skin integrity
- Stable position

---

**Description:**

Pads for Bed Side Rails

**Criteria:**

- Medical or physical condition that is likely to cause injury on unpadded bed rails.

**Diagnosis:**

- Above the funded on the Prioritized List of Health Services
- Includes, but not limited to
  - Athetoid cerebral palsy
  - Uncontrollable seizure disorder
  - Self-injurious behavior such as head banging

**Expected Outcomes:**

- Prevention of injury

---

**Description:**

Pressure Mapping Device

A clinical tool that measures interface pressures that occur between a wheelchair client and their contact surface. Used during wheelchair evaluations.

**Criteria:**

- There is no CPT code for this testing and it is included in the coding for an assessment or evaluation.
- Currently there are no clinical studies that address the impact on long term health outcomes of using this system compared with just using the air cushions empirically.

**Diagnosis:**

- None approved
- Considered part of the evaluation fee

**Expected Outcomes:**

- None applicable

---

**Description:**

Hearing Aid Batteries

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0620; or *Speech-Language Pathology, Audiology and Hearing Aid Services; Practitioner's* guide rule 410-129-0260.

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Hearing loss

**Expected Outcomes:**

- Independence

- Improved hearing
- Improved communication

Note:

Created in conjunction with Eugene Hearing and Speech in Eugene, Oregon.

---

## **Description:**

Tilt-in-Space Feature for Wheelchair

Rational for tilt-in-space wheelchair vs reclining wheelchairs:

Clients who are lowered and raised through the range available with a reclining wheelchair often slide or are pushed into a poor position, with the pelvis moving forward on the seat and flexion occurring in the lower spine rather at the hip joint.

## **Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0320.

## **Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Quadriplegia
  - Scoliosis
  - Hip flexion contractures
  - Conditions characterized by hypertonia or hypotonia

## **Expected Outcomes:**

- Prevent skin breakdown and shearing during recline
- Pressure relief
- Improve respiratory status
- Improve bowel and bladder function
- Reduce lower extremity edema
- Increase tolerance for longer periods of time in the wheelchair
- Improve pain management
- Improve body positioning
- Decrease reliance on care giver for positioning needs

---

## Description:

Hook on Headrest Extension for a Wheelchair

### Criteria:

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0340.

### Diagnosis:

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Quadriplegia
  - Fixed hip angle
  - Excess extensor tone of the trunk muscles
  - Hypertonia or hypotonia of the neck muscles

### Expected Outcomes:

- Maintain positioning and support of head and neck

---

## Description:

Elevating Legrests for a Wheelchair

### Criteria:

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0340.

### Diagnosis:

- Above the funded line of the Prioritized List of Health Services
- Includes, but not limited to:
  - Quadriplegia
  - Fixed hip angle
  - Excess extensor tone of the trunk muscles
  - Edema of lower extremity or extremities

### Expected Outcomes:

- Maintain positioning and support for leg
- Reduce, edema of lower extremity or extremities

---

## Description:

### Negative Pressure Wound Therapy

#### Definitions:

1. Negative pressure wound therapy (NPWT): A non invasive active wound therapy using controlled, localized negative pressure and a moist wound healing environment through a specialized dressing attached to a negative pressure pump.
2. The staging of pressure ulcers in this criteria is as follows:  
Stage I: Nonblanchable erythema of the intact skin  
Stage II: Partial thickness skin loss involving epidermis and/or dermis  
Stage III: Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia  
Stage IV: Full thickness skin loss with extensive destruction, tissues necrosis, or damage to muscles, bone, or supporting structures.

#### Criteria:

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0700.
- Contraindications:  
Systemic:
  - Anticoagulation
  - Severe platelet dysfunction
  - Systemic nutritional depletion
  - Severe nutritional depletion
  - Psychiatric/social problems that impact on self care issuesLocal:
  - Overt osteomyelitis
  - Draining purulent abscess or periwound cellulitis
  - Wound based covered with necrotic tissue, including black eschar risk of exposure of major vasculature or hollow viscus in wound bed
  - Unable to achieve NPWT seal due to anatomy

#### Diagnosis:

- Above the funded line on the Prioritized List of Health Services
- Stage III or IV pressure ulcer

- Myocutaneous flap or graft started within 14 days of surgery
- Venous stasis ulcer
- Dehisced incision
- Chronic open wounds

**Expected Outcomes:**

- Healed wound

---

**Description:**

Intravenous (IV) Services in Nursing Facilities (Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)) IV Fluids, Medications, Tubing and Pumps

**Criteria:**

- May require prior authorization, unless an emergency
- Must be ordered by a physician, specifying type of fluids, medications, dosage, method, frequency, and length of administration
- Required for hydration, infection, analgesia, chemotherapy, and or total parenteral nutrition (TPN)
- Nursing facilities all inclusive rate includes IV trays, supplies needed to maintain IV access, and IV pole

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Includes, but not limited to:
  - Dehydration
  - Specific Infections
  - Pain
  - Cancer
  - Malnutrition

**Expected Outcomes:**

- Hydration
- Relief of pain
- Maximize health potential
- Improve quality of life
- Meet the skilled need of member

---

**Description:**

External Breast Prostheses

Consisting of silicon gel, saline, or other similar material which closely resembles the female breast and are worn following a mastectomy.

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0255

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services
- Post mastectomy

**Expected Outcomes:**

- Bilateral symmetry of breast

---

**Description:**

Cold Therapy

**Criteria:**

- Not Covered

**Diagnosis:**

- None Approved

**Expected Outcomes:**

- Not Applicable

---

**Description:**

Ankle-Foot/Knee-Ankle-Foot Orthosis

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0670

**Diagnosis:**

- Above the funded line on the Prioritized List of Health Services

**Expected Outcomes:**

- Improved ambulation
- The knee, ankle, or foot is controlled in more than one plane
- Improved stabilization of leg

---

**Description:**

Spinal orthoses: Thoracic-Lumbar-Sacral Orthoses and Lumber-Sacral orthoses

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0675

**Diagnosis:**

- Above the funded line of the Prioritized List of Health Services
- Injury to the spine
- Surgery of the spine
- Pain

**Expected Outcomes:**

- Reduction of pain
- Stability of spine
- Improved function

---

**Description:**

Standing Frame

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0365.

**Diagnosis:**

- Above the funded line of the Prioritized List of Health Services
- Includes, but not limited to:
  - Paraplegia
  - Quadriplegia
  - Contractures
  - Dysfunctional posturing condition consistent with need for standing frame

**Expected Outcomes:**

- Maintain long bone density
- Improve bowel and bladder function

---

**Description:**

Respiratory Assist Devices

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0205

**Diagnosis:**

- Above the funded line of the Prioritized List of Health Services
- Restrictive thoracic disorder
  - Progressive neuromuscular diseases
  - Severe thoracic cage abnormalities
- Severe chronic obstructive pulmonary diseases (COPD)
- Central sleep apnea (CSA)
- Obstructive sleep apnea

**Expected Outcomes:**

- Improved hypoventilation
- Decreased apnea and/or hyponea episodes

---

**Description:**

Continuous Positive Airway Pressure System (CPAP)

**Criteria:**

- See *Durable Medical Equipment and Medical Supplies* guide rule 410-122-0202

**Diagnosis:**

- Above the funded line of the Prioritized List of Health Services
- Sleep disordered breathing
  - Mixed apnea
  - Obstructive apnea
  - Central apnea
  - Sleep hypopnea syndrome
- Upper airway resistance syndrome (UARS)

**Expected Outcomes:**

- Reduced sleep deprivation
- Reduce daytime sleepiness
- Decreased desaturations

