Commonwealth Global Choices

B. Dentures

Dentures are not covered for adults. Dentures may be covered for children through the Early, Periodic. Screening. Diagnosis and Treatment Program (EPSDT).

C. Prosthetics

All prosthetics or orthotics shall be durable in nature and able to withstand repeated use. Coverage of prosthetics and orthotics shall be in accordance with the following: shall serve a medical purpose; shall not generally be useful to a person in the absence of illness or injury; and shall be medically necessary and reasonable.

1. A provider must obtain Medicare accreditation unless exempt by CMS standards and have an active Medicare supplier number.
2. All miscellaneous codes require prior authorization. Any item that does not have a designated HCPCS code and is determined by the department to be a covered item shall use the designated miscellaneous HCPCS code from the HCPCS Coding Book and require prior authorization.
3. Any item designated by a covered HCPCS code being reimbursed at $500.00 or more shall require prior authorization. Prior authorization does not guarantee reimbursement. The recipient must be eligible on the date of service.
4. All items of prosthetic or orthotic shall require a Certificate of Medical Necessity to be kept on file at the provider's office as indicated in 45CFR 164.316.
5. The following general types of prosthetics or orthotics are excluded from coverage:
   a. Items that would appropriately be considered for coverage only through other sections of the Medicaid Program;
   b. Items that are primarily and customarily used for a non-medical purpose;
   c. Physical fitness equipment;
   d. Items that basically serve a comfort or convenience of the recipient or the person caring for the recipient;
   e. Items needed as a resident of an inpatient program of a hospital or nursing facility,
   f. Items considered educational or recreational,

D. Eyeglasses The following limitations are applicable:

(1) Eyeglasses are provided only to recipients under age twenty-one (21).
(2) Contact lenses are not covered.
(3) Telephone contacts are not covered.
(4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
(5) If medically necessary, prisms shall be added within the cost of the lenses.

If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

7. Home Health Services (continued)

c. Medical Supplies, equipment, and appliances suitable for use in the home

1. The provider submits a certificate of medical necessity (CMN) and, if required, a prior authorization form and any other documentation to support medical necessity.

2. Coverage of medical supplies for use by patients in the home, are based on medical necessity.

Coverage criteria established by the Medicare program will be used as a guide in determining medical necessity but will he subject to a medical necessity override.

3. The criteria used in the determination of medical necessity Includes an assessment of whether the item is:
   a. Provided in accordance with 42 CFR 440.230;
   b. Reasonable and required to identify, diagnose, treat, correct, cure, ameliorate, palliate, or prevent a disease, illness, injury, disability or other medical condition;
   c. Clinically appropriate in terms of amount, scope, and duration based on generally accepted standards of good medical practice;
   d. Provided for medical reasons rather than primarily for the convenience of the recipient, caregiver or the provider;
   e. Provided in the recipient's residence, in accordance with generally accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
   f. Needed, if used in reference to an emergency medical service, to evaluate or stabilize an emergency medical condition that is found to exist using the prudent lay person standard; and,
   g. Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements for recipients under twenty-one (21) years of age.

4. Coverage of an item of medical supply shall be in accordance with the following: shall serve a medical purpose; shall not generally be useful to a person in the absence of illness or injury; shall be appropriate for use in the home; and shall be medically necessary and reasonable.

7. Home Health Services (continued)

c. Medical supplies, equipment, and appliances suitable for use in the home (continued)

An item of durable medical equipment, prosthetic, or orthotic shall be durable in nature and able to withstand repeated use. Coverage of an item of durable medical equipment, medical supplies, prosthetics and orthotics shall be in accordance with the following: shall serve a medical purpose; shall not generally be useful to a person in the absence of illness or injury; and shall be medically necessary and reasonable.

1. A provider must obtain Medicare accreditation unless exempt by CMS standards and have an active Medicare supplier number.
2. All miscellaneous codes require prior authorization. Any item that does not have a designated HCPCS code and is determined by the department to be a covered item shall use the designated miscellaneous HCPCS code from the HCPCS Coding Book and require prior authorization.
3. Any item designated by a covered HCPCS code being reimbursed at $500.00or more shall require prior authorization. Prior authorization does not guarantee reimbursement. The recipient must be eligible on the date of service.
4. All items of durable medical equipment, prosthetic, orthotic, or medical supply shall require a Certificate of Medical Necessity to be kept on file at the provider's office as indicated in 45CFR 164.316.
5. The following general types of durable medical equipment, medical supply, prosthetics or orthotics are excluded from coverage under the durable medical equipment program:
   a. Items that would appropriately be considered for coverage only through other sections of the Medicaid Program, such as frames and lenses, hearing aids, and pacemakers;
   b. Items that are primarily and customarily used for a non-medical purpose, such as air conditioners and room heaters;
   c. Physical fitness equipment, such as exercycles and treadmills;
   d. Items that basically serve a comfort or convenience of the recipient or the person caring for the recipient, such as elevators and stairway elevators;
   e. Items needed as a resident of an inpatient program of a hospital, or nursing facility,
   f. Items considered educational or recreational,
6. A cast or splint shall be limited to two (2) per ninety (90) day period for the same injury or condition.
7. Rental items are considered purchased after ten (10) consecutive months of rental.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERIVCES PROVIDED TO THE
MEDICALLY NEEDY

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If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.