330 CHILDREN'S REHABILITATIVE SERVICES

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Members eligible for Arizona Long Term Care System (ALTCS) with certain diagnoses may be eligible to receive Children Rehabilitative Services (CRS) at one the multi-specialty/interdisciplinary care settings, in addition to community based providers in independent offices. The respective Administrative Service Subcontractors (AdSS) provides covered medical, surgical, or therapy modalities for CRS enrolled members. The AdSS provides CRS covered services for CRS qualifying condition and conditions arising as a result of or related to the CRS qualifying condition when medically necessary. The AdSS does not cover routine, preventive, or other non-CRS related covered services. Members will receive acute care services through their Division acute health plan when being treated for a non-Children's Rehabilitative Services (CRS) diagnoses. Members who are 21 years of age and older are subject to all limitations and exclusions applicable to the adult population.

CRS medical services are in accordance with Arizona Administrative Code Title 9, Chapter 22, Article 2. Coverage limitations and exclusions for members 21 years of age and older apply.

The AdSS or authorized subcontractors provide medically necessary CRS services in both inpatient and outpatient settings, including contracted hospitals, multispecialty interdisciplinary clinics (MSICs), community-based field clinics, community based provider offices, behavioral health, and skilled nursing facilities.

Certain services may be available only in limited types of service settings or may be medically appropriate only for members with a particular clinical presentation. Services may require prior authorization from the AdSS and may require additional documentation to determine the medical necessity of the service requested for treating the CRS qualifying condition or a condition that is related to, or the result of, a CRS condition.

The AHCCCS Division of Member Services (DMS) will provide information to the AdSS related to the CRS qualifying condition(s) that are identified during the eligibility process. DMS may also provide information received for purposes of eligibility determination for the CRS designation regarding care, services or procedures that may have been approved or authorized by the member's current health plan. The AdSS is responsible for ensuring that information provided by AHCCCS Division of Member Services is made available to the appropriate areas and staff within its organization who may need the information. The AdSS is responsible for appropriately transitioning members utilizing established transition processes. Members are permitted to opt out of, or refuse enrollment into, the CRS designation.

The AdSS provides services through an approach to service delivery that is family centered, coordinated and culturally competent, in a manner that considers the unique medical and behavioral holistic needs of the member.

CRS members may been seen for care and specialty services by the AdSS contracted network providers within the community that are qualified or trained in the care of the

member's condition. CRS members may also benefit from treatment in clinic-based multi-specialty/interdisciplinary care settings when active treatment is required, in addition to care and services provided by community based providers in independent offices. The AdSS also provides community based services including services provided in field clinics. When medically necessary services are not available in state, the AdSS is required to provide services out of state.

Covered benefits for CRS Partially Integrated members are the same as those provided by the Acute Contractors and the Behavioral Health Contractors including any necessary placement settings such as skilled nursing facilities, chemotherapy, hospice, transplant services, and behavioral health placement settings, as determined to be medically necessary and resulting from the CRS qualifying condition or a condition that is related to, or the result of, a CRS condition.

Definitions

A. Active Treatment - a current need for treatment. The treatment is identified on the member's service plan to treat a serious and chronic physical, developmental, or behavioral condition requiring medically necessary services of a type or amount beyond that generally required by members that last, or is expected to last one year or longer, and requires ongoing care not generally provided by a primary care provider.

B. Chronic - expected to persist over an extended period of time.

C. CRS condition - any of the covered medical conditions in A.A.C. R9-22-1303 which are referred to as covered conditions in A.R.S. 36-2912.

D. CRS Fully Integrated - a coverage type which includes members who receive all services from the CRS AdSS including acute health, behavioral health and CRS-related services.

E. CRS Partially Integrated Acute - a coverage types which includes American Indian members who receive all acute health and CRS-related services from the CRS AdSS and who receive behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).

F. CRS Partially Integrated Behavioral Health - a coverage type which includes DDD members who receive all behavioral health and CRS-related services from the primary program of enrollment.

G. CRS Only - a coverage type which includes members who receive all CRS-related services from the CRS AdSS, who receive acute health services from the from the primary program of enrollment, and DDD American Indian member who receive behavioral health services from the TRBHA.

H. CRS Provider - a person who is authorized by employment or written agreement with the AdSS to provide covered CRS services to a member or covered support services to a member or a member's family.

I. Field Clinic - a "clinic" consisting of single specialty health care providers who travel to health care delivery settings close to members and their families than the Multi-Specialty Interdisciplinary Clinics (MSICs) to provide a specific set of services including evaluation, monitoring, and treatment for CRS-related conditions on a periodic basis.

J. Functionally Limiting - a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a CRS provider. (A.A.C. R9-22-1303)

K. Medically Eligible - meeting the medical eligibility requirements of A.A.C. R9-22-1303.

L. Multi-Specialty Interdisciplinary Clinic (MSIC) - an established facility where specialists form multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

Medical Services

Medical services are provided in accordance with A.A.C. R9-22, Article 2. The Administrative Services Subcontractor is responsible for the following services:

A. Audiology Services

Audiology is a covered service as described in Division Medical Policy 310-A-Audiology, within certain limitations, to evaluate and rehabilitate members with hearing loss. For purposes of providing CRS, the following applies:

1. AudiologicAssessments must be consistent with accepted standards of audiologic practice.

2. Hearing Aid Fittings and Evaluations are covered as follows:

a. Hearing aids

i. The member may have their hearing aid reevaluated annually.

ii. A hearing aid may be replaced once every three years, unless the member experiences a change in hearing levels or is determined by a CRS contracted audiologist to require a hearing aid replacement due to the hearing aid being lost, broken, or non-functioning.

b. Implantable bone conduction devices

c. Cochlear implants. For further information, refer to Division Medical Policy 430, Early Periodic Screening, Diagnostic and Treatment (EPSDT) Services.

B. Dental and Orthodontia Services

Dental and Orthodontia Services are covered services, with certain limitations as described in Division Medical Policy 431 Oral Health Care (EPSDT-Age Members). For purposes of providing CRS, the following applies:

1. Dental Services

Full ranges of dental services are covered for members eligible for CRS having at least one of the following:

a. Cleft lip and/or cleft palate

b. A cerebral spinal fluid diversion shunt where the member is at risk for subacute bacterial endocarditis

c. A cardiac condition where the member is at risk for subacute bacterial endocarditis

d. Dental complications arising as a result of treatment for a CRS condition

e. Documented significant functional malocclusion

i. When the malocclusion is defined as functionally impairing in a member eligible for CRS with a craniofacial anomaly or

ii. When one of the following criteria is present:

(a) Masticatory and swallowing abnormalities that affect the nutritional status of the individual resulting in growth abnormalities

(b) Clinically significant respiratory problems, induced by the malocclusion, such as dynamic or static airway obstruction

(c) Serious speech impairment, determined by a speech therapist, that indicates the malocclusion as the primary etiology for the speech impairment and that speech cannot be further improved by speech therapy alone.

2. Orthodontia Services

Medically necessary Orthodontia Services are covered for a member eligible for CRS with a diagnosis of cleft palate or documented significant functional malocclusion as described in B.1.a. and B.1.e. (above).

C. Diagnostic Testing and Laboratory Services

Medically necessary diagnostic testing and laboratory services are covered as described in Division Medical Policy 310. For purposes of providing CRS, the following applies:

Limitations

1. Genetic testing is only covered when the results of such testing are necessary to differentiate between treatment options as described in Division Medical Policy 310, and when related to a CRS condition.

2. Follow-up laboratory evaluations for conditions unrelated to the CRS condition are excluded. The member must be referred to his or her primary care provider for follow-up care.

D. Durable Medical Equipment (DME)

Medically necessary DME is covered as described in Division Medical Policy 310-P Medical Supplies, Durable Medical Equipment, and Prosthetic Devices (Acute Care Services). For purposes of providing CRS, the following applies:

- Durable medical equipment for rehabilitative care
- Equipment repairs
- Equipment modifications.

1. Exclusion and Limitations of Durable Medical Equipment Services

Note: Refer to D.4 and D.5 (below) for specific information related to wheelchair and ambulation devices.

a. Members are eligible for equipment only when ordered by a CRS-contracted provider and/or authorized by the AdSS.

b. Cranial modeling bands are excluded except for members who are 24 months of age or younger who have undergone CRS-approved cranial modeling surgery and demonstrate postoperative progressive loss of surgically achieved correction and that without intervention would most likely require additional surgery.

2. Equipment Maintenance for Durable Medical Equipment Services

Covered services include equipment modifications necessary due to the member's growth or due to a change in the member's orthopedic or health needs. The request for modification must come from a CRS contracted provider.

3. Equipment Replacement or Repair for Durable Medical Equipment Services

The AdSS must ensure that Durable Medical Equipment found to be unsatisfactory due to imperfect or faulty construction is corrected, adjusted, or replaced.

4. Wheelchairs and Ambulation Devices

a. Routine or custom wheelchairs and/or ambulation assistive devices (crutches, canes, and walkers) are provided for members eligible to receive CRS, based on medical necessity.

b. Medically necessary equipment modifications and replacement are covered.

c. Custom fit standards and parapodiums are covered for members eligible to receive CRS with spinal cord defects who have walking potential.

d. Trays for wheelchairs are provided when documentation indicates that the need is directly related to improvement in functional skill.

e. The member and/or their family must demonstrate that they can safely use all equipment provided to the member, as verified and documented by the treating provider or wheel chair fitting provider. Practical and functional use of the equipment must be documented in the CRS medical record.

5. Limitations and Exclusions Related to Wheelchairs and Ambulation Devices

a. Replacement of wheelchairs and ambulation devices is not a covered service when the equipment is functional and can be repaired such that the equipment is safe to operate.

b. Physical or structural modifications to a home are excluded.

c. After initial delivery, care and transportation of the equipment, including vehicle modifications, is the responsibility of the member and/or the member's guardian.

d. Repairs or maintenance to equipment that was not provided to the member by the AdSS are provided, when a CRS provider has determined the equipment to be safe and appropriate.

E. High Frequency Chest Wall Oscillation Therapy

High Frequency Chest Wall Oscillation (HFCWO) therapy is a covered service, for members under 21 years of age.

1. HFCWO is covered when there is:

a. A diagnosis of cystic fibrosis

b. Documentation of excessive sputum production combined with the member's inability to clear the sputum without assistance

c. Copy of chest x-ray report and pulmonary function tests showing findings consistent with moderate or severe Chronic Obstructive Pulmonary Disease (COPD)

d. Prescription signed by M.D. or D.O. with a specialty in pulmonary disease, indicating the need for at least daily chest physiotherapy

e. Member is two years of age or older, or has a documented chest size of 20 inches or greater, whichever comes first

f. Specific documentation supporting why HFCWO therapy for the member is superior to other more cost-effective therapy methods, including at least one of the following:

i. Promotes independent self-care for the individual

ii. Allows independent living or university or college attendance for the individual

iii. Provides stabilization in single adults or emancipated individuals without able partners to assist with Chest Physical Therapy (CPT), or

iv. Severe end-stage lung disease requiring complex or frequent CPT.

g. Evidence that the member can use the vest effectively, including continuing compliance with all forms of prescribed therapy and treatment and member and family acceptance of HFCWO therapy

h. Coordination prior to implementation of HFCWO therapy for long-term use between the CRS provider office/clinic or DDD Contractor, or other payer source has occurred.

2. Discontinuation Criteria for HFCWO

HFCWO services will be discontinued if there is:

1. Member and/or prescribing physician request, or

2. Patient treatment compliance at a rate of less than 50% usage, as prescribed in the medical treatment plan, that is verified at two and six months of use.

F. Home Health Care Services

Medically necessary home health care services, as described in Division Medical Policy 310-I Home Health Services. Home health care services include professional nurse visits, therapies, equipment, and medications. Home health

care services must be ordered by a CRS contracted provider. The home health care service is covered for a CRS member when the home health service is specifically for the treatment of a CRS or CRS-related condition.

G. Inpatient Services

The AdSS covers medically necessary inpatient services, as described in Division Medical Policy 310-K Hospital Inpatient Services. The hospitalization is covered for a member when the hospitalization is for the treatment of a CRS condition or a condition that is related to, or the result of, the CRS condition.

CRS requirements for admission and coverage for an inpatient acute care stay are as follows:

1. CRS authorized providers with admitting privileges can admit and treat CRS members for CRS qualifying conditions or those conditions related to, or the result of, a CRS condition. Providers must have a contract with the AdSS or receive an authorization from the AdSS. The admitting provider must obtain prior authorization from the AdSS for all non-emergency hospital CRS-related admissions.

2. Prior authorization is not required for an emergency service.

3. The primary reason for hospitalization must be related to, or the result of, the CRS condition.

H. Growth Hormone Therapy

Growth hormone therapy is only covered for members with panhypopituitarism.

I. Nutrition Services

CRS covers medically necessary nutritional services. For purposes of the CRS designation, nutrition services include screening, assessment, intervention, and monitoring of nutritional status. The AdSS must cover nutrition services for CRS members with special nutritional needs when the nutritional need is related to a CRS condition or resulting from the CRS condition. The CRS designation covers nutritional supplements upon referral from CRS providers with consultation by a registered dietician.

Note: Covered services also include special formula to meet the nutritional needs of members with metabolic needs.

Limitations

1. A registered dietitian must provide nutrition services.

2. Total Parenteral Nutrition (TPN) for long-term nutrition is covered if medical necessity and is related to, or resulting from, the CRS condition.

J. Outpatient Services

The AdSS is responsible for outpatient services where the diagnosis is a CRS qualifying condition or a condition that is related to, or the result of, a CRS condition.

CRS outpatient services include:

1. Ambulatory/outpatient surgery
2. Outpatient diagnostic and laboratory services
3. Ancillary services: Laboratory, Radiology, Pharmacy Services, Medical Supplies, Blood, Blood Derivatives, Therapies, Ambulatory Surgeries
4. Clinic services
    a. CRS members may benefit from multi-specialty, interdisciplinary care teams, in addition to community-based providers. The AdSS shall make available these care teams throughout the state.

       Community-based field clinics are specialty clinics that are held periodically in outlying towns and communities in Arizona, or on Indian Reservations.

    b. CRS members may be seen by AdSS community based providers in independent offices for CRS qualifying conditions or conditions that are related to, or the result of, a CRS condition.

Limitations

The member's primary health care system must be used for routine and acute medical care that is not related to the CRS condition, such as periodic visits for scheduled immunizations and periodic physical examinations and check-ups.

K. Pharmaceutical Services

The AdSS covers medically necessary prescription medication and pharmacy services, as described in Division Medical Policy 310-V Prescription Medication and Pharmacy Services. Under the CRS designation, pharmaceuticals are covered when appropriate for the treatment of the CRS condition or a condition that is related to, or the result of, a CRS condition, when ordered by the CRS provider, and provided through a CRS contracted pharmacy. The AdSS is required to provide community-based pharmacy services.

Limitations

1. Pharmaceuticals or supplies that would normally be ordered by the primary care provider for the non-CRS covered condition(s) are not covered.
2. Medications covered under Medicare Part D for CRS members who are dual eligible (AHCCCS/Medicare) enrollees are not covered by the CRS designation.

L. Physical and Occupational Therapy Services

The Division covers medically necessary physical and occupational therapy services, as described in Division Medical Policies 310-K Hospital Inpatient Services and 310-X Rehabilitative Therapies. For purposes of the CRS designation, physical therapy and occupational therapy services are provided when the service is medically necessary and prescribed to treat the CRS condition and other conditions arising as a result of the CRS qualifying condition. Limitations listed for members age 21 and older in AMPM Policy 310, Covered Services apply.

M. Physician Services

The Division covers medically necessary physician services, as described in Division Medical Policy 310-T Physician Services. For purposes of the CRS designation, physician services must be furnished by an AHCCCS registered, licensed physician and must be covered for members when rendered within the physician's scope of practice under A.R.S Title 32. The AdSS is responsible for contracting with physician specialists with expertise in pediatrics to provide CRS covered services.

Medically necessary physician services may be provided in an inpatient or outpatient setting.

N. Prosthetic and Orthotic Devices

The Division covers medically necessary prosthetic and orthotic services, as described in Division Medical Policy 310-P Medical Supplies, Durable Medical Equipment and Prosthetic Devices (Acute Care Services). Under the CRS designation, prosthetic and orthotic devices are provided when medically necessary to treat the CRS condition and other conditions arising as a result of the CRS qualifying condition.

1. Maintenance and Replacement

a. The CRS designation covers prosthetic and orthotic modifications or repairs that are related to the CRS condition and medically necessary.

b. The CRS designation covers ocular prostheses and replacements when medically necessary and when related to a CRS condition.

c. Prior authorization is required for replacement of lost or stolen prosthetic and orthotic devices.

The CRS designation must provide or fabricate orthotic/prosthetic devices that assist CRS members in performing normal living activities and skills. Requirements include:

i. All orthotic/prosthetic devices must be constructed or fabricated using high quality products.

ii. All orthotics must be completed, modified or repaired, and

delivered to the CRS member within 15 working days of the provider's order.

iii. All prosthetics must be completed, modified or repaired, and delivered to the CRS member within 20 working days following the member's provider order.

iv. Orthotic/prosthetic repairs ordered by a CRS provider as urgent must be delivered within five working days.

v. Same day service must be provided for emergency adjustments for members unable to undertake their normal daily activities without the repairs and/or modifications.

d. The CRS designation will assure there will be no additional charge for modifications and/or repairs during the normal life expectancy of the device, except as required to accommodate a documented change in the member's physical size, functional level, or medical condition.

2. Limitations and Exclusions

a. Myoelectric prostheses are excluded.

b. Limitations for members age 21 and older apply as described in AMPM 310-JJ.

O. Psychology/Behavioral Health Services

For discussion of behavioral health services, please see AMPM Policy 310-B, Behavioral Health Services.

P. Second Opinions

The CRS designation covers second opinions by other CRS contracted physicians, when available. If not available, CRS will provide a second opinion by a contracted specialty provider able to treat the condition or a same specialty non-CRS contracted provider.

Q. Speech Therapy Services

The Division covers medically necessary speech therapy services, as described in AMPM Policy 310. Speech therapy services are provided by the CRS designation when the service is medically necessary and prescribed to treat the CRS diagnosed or a related condition. Limitation for members age 21 and older apply as per AMPM Policy 310, Covered Services.

R. Transplant Services

The CRS designation covers transplant services for CRS qualifying conditions or those conditions related to, or resulting from, the CRS condition.

S. Telemedicine

The Division covers telemedicine, as described in Division Medical Policy 320-I Telehealth and Telemedicine. The CRS designation covers telemedicine when it is related to the member's CRS condition. The purpose of telemedicine is to provide clinical and therapeutic services by means of telemedicine technology. This technology is used to deliver care and services directly to the member and to maximize the provider network.

T. Transportation

The Division covers medically necessary transportation services, as described in Division Medical Policy 310-BB Transportation. The CRS designation covers transportation for a member who is receiving services for a CRS condition or a CRS-related service.

U. Vision Services

The CRS designation covers vision services including examinations, eyeglasses, and/or contact lenses for the treatment of a CRS or CRS-related condition.