



PRIOR AUTHORIZATION CRITERIA GUIDELINE	
Criteria Guideline Name: DDD - Adaptive Aids	PA Number: PAGL DD1015 DDD P&P 1015
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PURPOSE:

To explain the procedure for the purchase of adaptive aids/equipment and to ensure the authorization of medically necessary cost-effective purchases in a standard or expedited and well-coordinated manner.

POLICY:

Adaptive aids/equipment must be medically necessary, documented by a PCP (Primary Care Provider) or therapist, and include a comprehensive explanation of how the member will benefit from the equipment.

PROCEDURE:

Adaptive aids/equipment must be medically necessary.

- A. Prescribed by the PCP, therapist, or other provider upon PCP referral.
- B. Documentation from a physician or therapist must establish the need for the equipment, the risk to the member without the equipment, and include a comprehensive explanation of how the member will benefit from the equipment.
- C. Covered adaptive aids/equipment should not duplicate existing equipment provided to the member.
- D. Requested adaptive aids/equipment will be reviewed by the joint consultation of the medical directors of the subcontractors and DES/DDD.



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E. Adaptive aids/equipment include but are limited to the following:

1. Traction equipment
2. Feeding aids, including trays for wheelchairs and adapted feeding utensils
3. Helmets
4. Standers, prone and upright
5. Toileting aids, including bedpans, urinals, and commodes for bed bound members
6. Bathing aids, including shower chairs, portable baths, and hand-held shower heads
7. Wedges for positioning
8. Transfer aids
9. Car seats required for transport due to the physical condition of the member which considers head and trunk control, airway obstruction potential, presence of potential for scoliosis, and/or presence of seizure activity
10. Other items determined to be medically necessary by joint consultation of the medical directors of the subcontractor and DES/DDD.



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Reviewed By: QM/UM Committee Date: 9/17/2009

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