

Acute Medicaid List of Adaptive Aids and Medical Supplies

Effective September, 2012

Covered by Acute Medicaid?		HHSC and TMHP Comments
Adaptive aids (including repair and maintenance (to include batteries) not covered by the warranty)		
wheelchair lifts	N	
porch or stair lifts	N	
electric lift	Y	Prior authorization for an electric lift may be considered when the client meets criteria for a hydraulic lift and additional documentation explains why a hydraulic lift will not meet the client's needs.
hydraulic lift	Y	Prior authorization for a hydraulic lift may be considered based on documentation supporting the medical necessity and other factors. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM), Hydraulic Lift, for documentation requirements.
stairway lifts	N	
bath lifts	Y	
ceiling lifts with tracks	N	
transfer bench	Y	
seat lift mechanisms	Y	The request for payment for a recliner or chair with the incorporated seat lift mechanism is limited to the amount of the seat lift mechanism.
toilet seat lift mechanism	Y	
power seat elevation	Y	
power elevating leg lifts	Y	
Mobility aids (including batteries and charges)		
manual/electric wheelchairs and necessary accessories	Y	
three-wheel scooters	Y	Scooters may be approved for a short-term rental or initial three-month trial period based on documentation supporting the medical necessity and appropriateness of the device. Refer to TMPPM, Scooters, for documentation requirements.
mobility bases for customized chairs	Y	
braces, crutches, walkers and canes	Y	
forearm platform attachments for walkers and motorized/ electric wheelchairs	Y	
prescribed prosthetic devices	Y	<21 years of age only
prescribed orthotic devices, orthopedic shoes and other prescribed footwear	Y	<21 years of age only
prescribed exercise equipment and therapy aids	N	
portable ramps	Y	

	Covered by Acute Medicaid?	HHSC and TMHP Comments
Respiratory aids		
ventilators/respirators	Y	
back-up generators	Y	<21 years of age only
Positioning devices		
standing boards, frames and customized seating systems	Y	
electric or manual hospital beds, tilt frame beds and necessary accessories	Y	
egg crate mattresses, sheepskin and other medically-related	Y	
trapeze bars	Y	
lift recliners	N	
Communications aids (including repair, maintenance and		
Augmentative communication devices (as listed below):		
direct selection communicators	Y	
alphanumeric communicators	Y	
scanning communicators	N	TMHP would require more information for this item. Depending on the current medical policies in place, this item may be payable. At this time, without further information, TMHP will identify this as non-payable item.
encoding communicators	N	
speaker and cordless phones for persons who cannot use conventional telephones	N	
speech amplifiers, aids and assistive devices	N	
interpreters	Y	
Control switches/pneumatic switches and devices		
sip and puff controls	Y	
adaptive switches/devices	Y	
Environmental control units		
locks	N	
electronic devices	N	
voice activated, light activated and motion activated devices	N	
Medically necessary durable medical equipment not covered in the state plan for the Texas Medicaid Program	Y	<21 years of age only

Covered by Acute Medicaid?		HHSC and TMHP Comments
Temporary lease/rental of medically necessary durable medical equipment to allow for repair, purchase, replacement of essential equipment or temporary usage	Y	
Payment of premium deductibles and co-insurance (for items not covered under the waiver), including rentals for Medicare or Third Party Health Insurance, if not covered under the Qualified Medicare Beneficiary (QMB) or the Medicaid Qualified Medicare Beneficiary (MQMB)	Y	For the purpose of co-insurance/deductibles. MQMB clients may be eligible for Medicaid services not covered by Medicare.
Modifications/additions to primary transportation vehicles		
van lifts	N	
driving controls (as listed below):	N	
brake/accelerator hand controls	N	
dimmer relays/switches	N	
horn buttons	N	
wrists supports	N	
hand extensions	N	
left-foot gas pedals	N	
right turn levers	N	
gear shift levers	N	
steering spinners	N	
Medically necessary air conditioning unit prescribed by a physician for individuals with respiratory or cardiac problems or people who can't regulate temperature	N	
Removal or placement of seats to accommodate a wheelchair	N	
Installation, adjustment or placement of mirrors to overcome visual obstruction of wheelchair in vehicle	N	
Raising the roof of the vehicle to accommodate a participant riding in a wheelchair	N	
Installation of frames, carriers and lifts for transporting mobility	N	
Sensory adaptations		
eyeglasses	Y	
hearing aids	Y	
auditory adaptations to mobility devices	N	

Covered by Acute Medicaid?		HHSC and TMHP Comments
Adaptive equipment for activities of daily living		
A. Assistive devices (as listed below):		
reachers	N	
stabilizing devices	N	
weighted equipment	N	
holders	N	
feeding devices (as listed below):		
electric self-feeders	N	
food processors and blenders - only for individuals with muscular weakness in upper body or who lack manual dexterity and are unable to use manual conventional kitchen appliances	N	
variations of everyday utensils (as listed below) :	N	
shaped, bent, built-up utensils	N	
long-handled equipment	N	
addition of friction covering	N	
coated feeding equipment	N	
count-a-dose medicating systems	N	
walking belts and physical fitness aids	N	
specially adapted kitchen appliances	N	
toilet seat reducer rings unless participant resides in an AL/RC	N	
hand-held shower sprays unless participant resides in AL/RC facility	Y	A hand-held shower/shower wand with attachments may be considered for prior authorization only if the client currently owns or meets the criteria for a bath/shower chair, tub stool/bench or tub transfer bench.
shower chairs unless participant resides in AL/RC facility	Y	A bath/shower chair may be considered for those clients who cannot safely use a regular bath tub or shower. Refer to TMPPM, Bath and Bathroom Equipment, for documentation requirements and additional information.
electric razors	N	
electric toothbrushes	N	
water piks	N	
service animals	N	
over-bed tray tables unless participant resides in an AL/RC facility	Y	The purchase of an over-bed table may be considered for reimbursement if the client is bed bound and needs the equipment for treatments. Refer to TMPPM, Equipment, for documentation requirements and additional information.

	Covered by Acute Medicaid?	HHSC and TMHP Comments
B. Safety restraints and safety devices (as listed below):		
bed rails	Y	
safety padding	N	
helmets	Y	<21 years of age only
safety restraints	N	
flutter board	N	
life jackets	N	
elbow and knee pads	N	
visual alert systems	N	
Prescribed medications beyond the three-per-month limit under the	Y	<21 years of age only
Medically necessary heating and cooling equipment for individuals with respiratory or cardiac problems, people who cannot regulate temperature or people who have	N	
Medical supplies necessary for therapeutic or diagnostic		
tracheotomy care	Y	
decubitus care	Y	
ostomy care	Y	
pulmonary, respirator/ventilator care	Y	
catheterization	Y	
Others		
diapers, liners and other incontinence supplies	Y	
enteral feeding formulas and supplies	Y	
diabetic supplies (strips, lancelets, syringes)	Y	
Transcutaneous Electrical Nerve Stimulations (TENS)	Y	
blood pressure monitors for home use	Y	
stethoscopes and thermometers for home use	N	
blood glucose monitors	Y	
nutritional supplements, such as liquid Ensure, Sustecal, liquids or puddings	Y	These products are payable only as sole source with G tube for adults. Children under 21 are based on medical necessity.
bedside commodes	Y	