



## COVERED MEDICAL CONDITIONS

The CSHCN Program provides specialized medical care and care coordination services for children/youth that have specific chronic and/or congenital medical diagnoses or certain residual effects of acute or traumatic conditions and have met financial eligibility guidelines. Specific medical diagnoses eligible for coverage by CSHCN are in Appendix B, *Covered Medical Conditions by Category*. Categories of medical conditions are listed below with specific information related to that category.

**Note: Benefits from other coverage sources (i.e. Medicaid, CHIP or private insurance) must be used when available for treatment of these medical conditions.** Program participants who are not eligible for other coverage sources for CSHCN eligible medical diagnoses will have program-approved services paid for by Title V funds.

### A. Cardiac Services

1. The CSHCN Program provides diagnostic evaluations and treatment for congenital cardiac defects and for residual damage of acute cardiac conditions, including surgical intervention.
2. Clients requiring surgical intervention are referred to a tertiary care center and followed by the cardiac surgeon until released back to the local cardiologist.
3. The CSHCN Program may provide coverage for antibiotic prophylaxis for cardiac patients undergoing procedures. Dental care may be considered for program participants at risk for cardiac complications due to infection from dental caries, impaction, etc.

### B. Cystic Fibrosis Services

1. The CSHCN Program provides diagnostic evaluations and treatment for Cystic Fibrosis, including treatment for upper respiratory infections and pneumonia (provided by a CSHCN provider or PCP), inhalation equipment or other needed durable medical equipment (DME). In addition, CSHCN provides the following due to the nature of this diagnosis:
  - Care for gastrointestinal problems (me conium ileus, rectal prolapse, gastroenteritis).
  - Nutritional deficiencies (enzyme replacements, vitamins and special formulas).
  - Genetic evaluation to only the client and immediate family members under the age of 21, upon recommendations of the assigned physician.

**C. Dental and Orthodontic Services**

1. Dental services are provided by CSHCN as a secondary treatment of a covered medical condition and considered for clients who have a primary diagnosis of:
  - Cranio-facial anomalies requiring plastic surgery
  - Neurological disorders limited to treatment of gum hyperplasia secondary to medication therapy
  
2. Services are limited to:
  - Dental evaluation and oral hygiene instruction
  - Simple restoration and extraction
  - Routine cleaning
  - Sealants
  - Periodontics
  - Orthodontics/prosthetic services for a diagnosis of cleft lip/palate
  - Fitting of prosthetic devices
  - Dental care while the client is receiving orthodontic care

**D. Dermatology**

Diagnosis and treatment for covered dermatological conditions are provided in the private office of a participating dermatologist.

**E. Digestive**

Diagnosis and treatment for covered digestive conditions are provided in the private office of a participating gastroenterologist or pediatric surgeon. Gastric by-pass procedures are not covered by the CSHCN Program.

**F. Ear, Nose and Throat Services**

ENT services are provided to correct congenital or acquired defects of the ear or auditory canals that contribute to hearing loss or decreased communication capacity and/or provide habilitation services to patients that have hearing loss. Diagnosis and treatment for covered ENT conditions is provided by a CSHCN clinic physician or in a private office.

1. Coverage for Hearing Aids

All requests for hearing aids must be reviewed for medical necessity by WVMI. Approval for hearing aids is contingent upon hearing loss of at least 20db in the frequency range 500-4000Hz, documented by a licensed

audiologist's report, in addition to the physician's order. An extended two-year warranty is included in the authorization for the hearing aids, resulting in a three-year warranty.

Aural habilitation services may be considered when hearing aids are placed for the first time. These services must be authorized by WVMI.

2. Cochlear Implants

Cochlear implants and related follow-up services, including aural habilitation, mapping and supplies such as cables and batteries, are covered for clients that are profoundly hearing impaired for whom hearing aids are of no benefit. These requests must be reviewed for medical necessity by WVMI.

3. Newborn Hearing Screening (Hear WV)

After review of medical necessity by WVMI and if there is no other payer source, the CSHCN Program will cover the first set of hearing aids/amplification devices for children less than three (3) years of age, regardless of financial eligibility, to assure treatment services. For families who have incomes above the CSHCN allowable Federal Poverty Level, the case will be closed to the CSHCN Program after the provision of the first set of hearing aids.

Note: The Birth to Three (BTT) Program does not cover assistive technology ordered before the referral date to BTT. Therefore, a child diagnosed before the BTT referral date would not be eligible for hearing aids from BTT; the aids would be purchased by the CSHCN Program.

**G. Endocrinology**

Clients being evaluated and/or treated for endocrinology diagnoses are seen in the physician's private office. The CSHCN Program may provide an evaluation by a registered dietician for dietary control and weight management for clients approved for endocrinology services.

**H. Eye Services**

1. The CSHCN Program provides diagnosis and treatment for certain eye conditions to maintain optimum potential for vision. In addition to medical management and surgical intervention, services may include glasses, contact lenses, lens implants, ocular retainers/prosthesis and medications. Glasses and contact lenses are limited to one (1) pair per year.

Note: Flexible frames and/or transition lenses may be considered for coverage by CSHCN, upon recommendation by treating ophthalmologist, if not provided by any other payer source.

2. To correct certain conditions, the following services may be provided to eliminate the need for surgery:

- Patching
- Glasses
- Atropine therapy

#### **I. Genetic Services**

1. CSHCN provides services for the management of medical components of specific genetic diagnoses. Clinical genetic services for clients and their families are provided through the Genetics Project at WVU Medical Center and through a statewide network of satellite clinics of the Genetics Project.
2. CSHCN will provide genetic evaluation to the client and immediate family members under the age of 21 upon recommendation of the treating physician. CSHCN does not cover the evaluation or testing for the parents if they are over 21 years of age. The evaluation is limited to the initial consultation, two follow-up visits, and laboratory testing and/or x-rays ordered as part of the evaluation, unless the diagnostic testing confirms that the parents have a CSHCN eligible diagnosis.

#### **J. Hematological Disorders**

The CSHCN Program will provide for the evaluation and treatment of certain hematology conditions. Services are provided in private physicians' offices.

#### **K. Myelodysplasia Services**

The CSHCN Program provides comprehensive habilitative services for clients who have neural tube defects, including myelodysplasia and spina bifida. The delivery of services by a team of specialists in a CSHCN clinic is recommended when available. This team may consist of a pediatrician, orthopedic surgeon, neurosurgeon, urologist, nurse and social worker.

#### **L. Neurological/Neurosurgical Services**

1. The CSHCN Program provides evaluation and treatment of certain neurological conditions so that the individual can function at his/her maximum potential. Botox injections and baclofen pumps for control of spasticity are covered services.
2. Dental care for clients with neurological disorders is limited to treatment of gum hyperplasia secondary to medication therapy. Dental services performed under anesthesia may be considered for clients with certain neurological disorders. Dental services must be reviewed by WVM I for medical necessity.

Note: Residual CSHCN eligible neurological diagnoses that result from a Traumatic Brain Injury (TBI) are covered services after discharge from rehabilitation facility. Orthopedic conditions that result from TBI are not eligible for coverage until one year post injury. Acute medical care and/or rehabilitation services are not covered services by the CSHCN Program.

**M. Orthopedic Services**

The CSHCN Program provides evaluation and treatment of orthopedic disorders to promote the highest functioning for individuals who have chronic abnormalities of muscles, bones, joints, ligaments, and/or tendons. Orthopedic care is not covered for the treatment of acute disease/infections and injuries that are the result of accidents or trauma. However, if chronic residual conditions from the injury are present one year post injury, CSHCN can provide evaluation and treatment.

**N. Plastic Surgery Services**

Comprehensive services are provided for patients who have cranio-facial anomalies, scars (see Appendix B, *Covered Medical Conditions by Category*) and birthmarks, and/or chronic residuals of burns.

**O. Pulmonary**

The CSHCN Program provides for the diagnosis and treatment of specific pulmonary conditions. Services are provided in private physician's offices or in CSHCN clinic settings.

**P. Renal/Urological Services**

The CSHCN Program provides for the diagnosis and treatment of certain urological/renal conditions. Renal services are provided to restore or maintain optimum renal function in clients with chronic renal disease/failure. Urological care is offered to prevent possible renal complications. Services are provided by a physician who is certified in nephrology or urology. Kidney dialysis is provided at a dialysis center or in the home setting when prescribed by the specialist. Medicare benefits are available to eligible clients to cover the cost of dialysis and organ transplants and must be used as the source of payment.

**Q. Transplant Services**

1. Transplant services/procedures are not approved by the CSHCN Program.

These services include:

- Medical evaluations of family members to determine donor match
- Harvesting of organs
- Admissions for transplant procedures
- Post-operative medical treatment

- Medication for transplant procedures

**Note: Program participants with Medicaid, CHIP or private insurance should review their benefit plan to determine if transplant services are covered. Persons who participate in the CSHCN Program with Title V funds as the payer source are not eligible for transplant services. The CSHCN Care Coordinator will assist the families/clients in accessing other sources, including a referral back to the Medicaid Program for information on eligibility under the medically needy category.**

2. If an enrolled client has a covered medical diagnosis which leads to a transplant procedure, the CSHCN Program will provide treatment for the medical condition prior to the transplant, but will provide only care coordination during and after the transplant procedure itself.