PREREQUISITE CRITERIA All of the following must be met with supporting documentation*:

- Patient is Medicaid eligible
- Patient has current EPSDT screening
- Patient has a prescription signed by the prescriber
- Patient is cognitively intact, or has a caregiver who is capable, physically and intellectually, of operating the CSD effectively
- Patient has a neuromuscular disease such as polio, multiple sclerosis, quadriplegia or muscular dystrophy

LIMITATIONS

- The initial rental approval will consist of up to six months before purchase of the equipment under the ten month capped rental plan.
- At the end of the six month period, the physician must submit documentation of continued medical necessity, evidence of recipient/caregiver compliance and improved disease management since beginning use of the CSD as indicated by fewer infections requiring antibiotics and fewer hospitalizations.
- If approved for the additional four months, the device becomes a capped rental. At the end of the ten month period the device is considered to be a purchased item paid for in full. Any maintenance or repair cost would be subject to an EPSDT screening and referral and a prior authorization.

PROCEDURE CODES
E0482

*Documentation may include notes from the patient chart and medical records.