



330 COVERED CONDITIONS AND SERVICES FOR THE CHILDREN'S REHABILITATIVE SERVICES (CRS) PROGRAM

INITIAL

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Description

This Policy includes a description of Children's Rehabilitative Services (CRS) covered conditions and medically necessary covered services related to the CRS condition for AHCCCS CRS enrolled members. The CRS program enrolls members who require treatment for medically disabling or potentially disabling conditions as defined in A.A.C. R9-22-1303 (Refer to Exhibit 330-1). Enrollment in CRS is based upon a member's qualifying condition and the need for active treatment of CRS conditions in R9-22-1303 through medical, surgical, or therapy modalities.

CRS members may benefit from treatment in clinic-based multi-specialty/interdisciplinary settings or in designated centers of excellence where active treatment is required.

The CRS Contractor provides services through an approach to service delivery that is family-centered, coordinated, culturally competent, and considers the unique medical holistic needs of members. In addition, the CRS Contractor provides community based services including services provided in field clinics.

Definitions

Active treatment means there is a current need for treatment or evaluation for continuing treatment of the CRS qualifying condition or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition will be needed within the next 18 months.

Chronic means expected to persist over an extended period of time.

CRS condition means any of the covered medical conditions in R9-22-1303. Refer to Exhibit 330-1.



CRS provider means a person who is authorized by employment or written agreement with the CRS Contractor to provide covered CRS services to a member or covered support services to a member or a member's family.

Functionally limiting means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a CRS provider.

Medically eligible means meeting the medical eligibility requirements of R9-22-1303.

Amount, Duration and Scope

The CRS Contractor provides covered medical, surgical, or therapy modalities only for CRS enrolled members. The CRS Contractor provides CRS covered services for CRS eligible conditions (Refer to Exhibit 330-1) when medically necessary. The CRS Contractor does not cover routine, preventive, or other non-CRS related covered services for Comprehensive Medical and Dental Program (CMDP), Division of Developmental Disabilities (DDD), Fee-For-Service (FFS) or third party payers. Members who are 21 years of age and older are subject to all limitations and exclusions applicable to the adult population.

The CRS Contractor may elect to provide AHCCCS or CRS non-covered services. In such instances, the CRS Contractor acknowledges that the provision of these services will not be considered in rate development and will not be reimbursable through Medicaid funds.

The CRS Contractor or authorized subcontractors provide medically necessary CRS services in both inpatient and outpatient settings, such as contracted hospitals, CRS clinics, community based field clinics and through community based providers. 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 CRS Contractor and may require additional documentation to determine the medical necessity of the service for treating the CRS condition.

MEDICAL SERVICES

The CRS program provides medical services in accordance with R9-22 Article 2. The services described in this policy apply to CMDP, DDD and FFS members. The CRS integrated plan is responsible for all Title XIX and XXI covered services including those described in this policy.



A. AUDIOLOGY SERVICES

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

1. Audiologic Assessments

- a. Audiologic assessments must be consistent with accepted standards of audiologic practice.

2. Hearing Aid Fittings and Evaluations

The following are covered:

- a. Hearing aids. The CRS member may have the hearing aid reevaluated annually.
- b. Replacement of lost, broken or nonfunctioning hearing aids. 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.
- c. Implantable bone conduction devices.
- d. Cochlear implants, for further information please refer to policy 430.

B. DENTAL AND ORTHODONTIA SERVICES

Dental and Orthodontia Services are AHCCCS covered services as described in Chapter 400, Policy 430 of the AMPM with certain limitations. For purposes of the CRS program the following applies:

1. Dental Services

A full range of dental services are covered by the CRS Contractor for CRS members having at least one of the following:

- a. Cleft lip and/or cleft palate



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- 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 CRS member 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) The malocclusion induces clinically significant respiratory problems such as dynamic or static airway obstruction, or
 - (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 CRS member with a diagnosis of cleft palate or documented significant functional malocclusion as described in 1.e. above.

C. DIAGNOSTIC TESTING AND LABORATORY SERVICES

AHCCCS covers medically necessary diagnostic testing and laboratory services as described in Policy 310 of this Chapter. For purposes of the CRS program the following applies:

Limitations

- a. Genetic testing is only covered when the results of such testing are necessary to differentiate between treatment options.



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

D. DURABLE MEDICAL EQUIPMENT (DME)

AHCCCS covers medically necessary DME as described in Policy 310 of this Chapter. For CRS qualified conditions the CRS program covers:

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

1. Exclusion and limitations of Durable Medical Equipment Services

(Refer to #4 and #5 of this section for specific information related to wheelchair and ambulation devices)

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

- a. CRS 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

- a. The CRS Contractor 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. The CRS program provides routine or custom wheelchairs and/or ambulation assistive devices (crutches, canes, and walkers) for CRS members, based on medical necessity,
- b. The CRS program provides initial wheelchair fittings within 20 business days of the order being written. Modifications, and repairs must be completed according to the medical needs of the member (should not exceed 30 business days from the date ordered by the member's provider unless there are extenuating circumstances).
- c. The CRS program provides final fittings for ambulation assistive/adaptive devices from the date ordered within:
 - i. 20 working days for routine fittings.
 - ii. Three working days for repairs ordered by a physician as urgent.
 - iii. Same day service shall be provided for emergency adjustments or repairs for members unable to undertake their normal daily activities safely without the repair/adjustment.
 - iv. In order to meet the timeframes in b and c, the Contractor may provide temporary appropriate and safe ambulation assistive/adaptive devices while waiting for routine fittings, repairs and/or adjustments.
- d. The CRS program covers medically necessary equipment modifications and replacement.
- e. Custom fit standards and parapodiums are covered for CRS members with spinal cord defects who have walking potential.
- f. Trays for wheelchairs are provided when documentation indicates that the need is directly related to improvement in functional skill.
- g. The member and/or his family must demonstrate that they can safely use all equipment provided to the member. 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. The CRS program may repair or provide maintenance to equipment that was not provided to the member by the CRS Contractor when a CRS provider has determined the equipment to be safe and appropriate.

E. HIGH FREQUENCY CHEST WALL OSCILLATION (HFCWO) THERAPY

HFCWO Therapy is an AHCCCS covered service, for members under 21 years of age, as described in Policy 320 of this Chapter. HFCWO is covered by CRS when the following criteria are met:

1. Diagnosis of cystic fibrosis
2. Documentation of excessive sputum production combined with the member's inability to clear the sputum without assistance
3. Copy of chest x-ray report and pulmonary function tests showing findings consistent with moderate or severe Chronic Obstructive Pulmonary Disease (COPD)
4. Prescription signed by M.D. or D.O. with a specialty in pulmonary disease, indicating the need for at least daily (or more frequent) chest physiotherapy
5. Age two years or older or 20 inch chest size, whichever comes first
6. 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:



- a. Promotes independent self-care for the individual
 - b. Allows independent living or university or college attendance for the individual
 - c. Provides stabilization in single adults or emancipated individuals without able partners to assist with Chest Physical Therapy (CPT) or
 - d. Severe end-stage lung disease requiring complex or frequent CPT.
7. 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, and
 8. Coordination between the CRS provider office or clinic and AHCCCS Acute or Long Term Care Contractor or other payer source, prior to implementation of HFCWO therapy for long-term use.

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, to be checked at two and six months of usage.

F. HOME HEALTH CARE SERVICES

AHCCCS covers medically necessary home health care services as described in Policy 310 of this Chapter. For purpose of the CRS program, home health care services include professional nurse visits, therapies, equipment, and medications. Home health care services must be ordered by the physician who is supervising the CRS care for the CRS member. The home health care service is covered for a CRS member when the home health service is specifically for the treatment of a CRS condition.



G. INPATIENT SERVICES

The CRS Contractor covers medically necessary inpatient services as described in Policy 310 of this Chapter. The hospitalization is covered for a member when the hospitalization is specifically for the treatment of a CRS condition.

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

1. Only CRS providers with admitting privileges can admit and treat CRS members for CRS conditions. Providers must have a contract with a CRS Contractor or receive an authorization from the CRS Contractor.
2. The admitting provider must obtain prior authorization from the CRS Contractor for all non-emergency hospital CRS related admissions.
3. Prior authorization is not required for an emergency service.
4. The primary reason for hospitalization must be related to the CRS condition.

H. GROWTH HORMONE THERAPY

The CRS program covers growth hormone therapy only for members with panhypopituitarism.

I. NUTRITION SERVICES

CRS covers medically necessary nutritional services as described in Chapter 400, Policy 430. For purposes of the CRS program, nutrition services include screening, assessment, intervention, and monitoring of nutritional status. CRS Contractors must cover nutrition services for CRS members with special nutritional needs when the nutritional need is related to a CRS condition. The CRS program 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. The CRS program does not cover Total Parenteral Nutrition (TPN) for long-term nutrition. TPN services may be provided for a member in lieu of hospitalization for preparation of an authorized CRS surgery.

J. OUTPATIENT SERVICES

CRS outpatient services include:

1. Ambulatory/outpatient surgery
2. Outpatient diagnostic and laboratory services
3. Ancillary services, and
4. Clinic services
 - a. CRS members may benefit from multi-specialty, interdisciplinary care teams in addition to community based providers. The CRS Contractor shall make available these care teams throughout the state.
 - b. Community-based field clinics are specialty clinics that are held periodically in outlying towns and communities in Arizona, or on Indian Reservations.

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 CRS Contractor covers medically necessary prescription medication and pharmacy services as described in Policy 310 of this Chapter. Under the CRS program, pharmaceuticals are covered when appropriate for the treatment of the CRS condition, when ordered by the CRS provider, and when provided through a CRS



contracted pharmacy. The CRS Contractor is required to provide community-based pharmacy services.

Limitations

1. Pharmaceuticals or supplies that would normally be ordered by the primary care physician 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 program.

L. PHYSICAL AND OCCUPATIONAL THERAPY SERVICES

AHCCCS covers medically necessary physical and occupational therapy services as described in Policy 310 of this Chapter. For purposes of the CRS program, physical therapy and occupational therapy services are provided when the service is medically necessary and prescribed to treat the CRS condition.

M. PHYSICIAN SERVICES

AHCCCS covers medically necessary physician services as described in Policy 310 of this Chapter. For purposes of the CRS program, 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 CRS Contractor 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

AHCCCS covers medically necessary prosthetic and orthotic services as described in Policy 310 of this Chapter. Under the CRS program, prosthetic and orthotic devices are provided when medically necessary to treat the CRS condition.

1. Maintenance and Replacement

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



- b. The CRS program covers ocular prostheses and replacements when medically necessary and when related to a CRS condition.
- c. A replacement for lost or stolen prosthetic and orthotic devices shall be requested in writing to the CRS Medical Director or designee.
- d. The CRS program 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 shall be constructed or fabricated using high quality products
 - ii. All orthotics shall be completed, modified or repaired and delivered to the CRS member within 15 working days of the provider's order
 - iii. All prosthetics shall 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' shall be delivered within five working days, and
 - v. Same day service shall be provided for emergency adjustments for members unable to undertake their normal daily activities without the repairs and/or modifications.
- e. The CRS program 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.

Limitations and Exclusion

- a. Myoelectric prostheses are excluded.

O. PSYCHOLOGY /BEHAVIORAL HEALTH SERVICES

For discussion of behavioral health services please see Policy 310-B.



P. SECOND OPINIONS

The CRS program covers second opinions by other CRS contracted physicians when available. If not available, CRS will provide a second opinion by a non CRS contracted provider.

Q. SPEECH THERAPY SERVICES

AHCCCS covers medically necessary speech therapy services as described in policy 310 of this chapter. Speech therapy services are provided by the CRS program when the service is medically necessary and prescribed to treat the CRS diagnosed condition.

R. TRANSPLANT SERVICES

The CRS program covers transplant services limited to corneal transplants and incidental bone grafting transplants. See Policy 310-DD for other covered non-CRS transplant services.

S. TELEMEDICINE

AHCCCS covers telemedicine as described in Policy 320 of this chapter. The CRS program 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

AHCCCS covers medically necessary transportation services as described in Policy 310 of this Chapter. The CRS program covers transportation in limited circumstances:

Transportation services are provided for a member who is receiving services for a CRS condition.

U. VISION SERVICES

The CRS program covers vision services that includes examinations, eyeglasses, and contact lenses for the treatment of a CRS condition.



Refer to Chapter 500 for Coordination of Care and Transition.

Refer to Chapter 1000 for Medical Management.

Refer to the AHCCCS Contracts.

DRAFT Implementation 10/01/2013

EXHIBIT 330-1
COVERED CONDITIONS IN THE CRS PROGRAM
AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

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EXHIBIT 330-1
COVERED CONDITIONS IN THE CRS PROGRAM
AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

R9-22-1303 Medical Eligibility

The following lists identify those medical conditions that qualify for the CRS Program as well as those that do not qualify for the CRS program. The covered conditions list is all inclusive. The list of conditions not covered by CRS is not an all-inclusive list:

1. Cardiovascular System

a. CRS conditions:

- i. Congenital heart defect,
- ii. Cardiomyopathy,
- iii. Valvular disorder,
- iv. Arrhythmia,
- v. Conduction defect,
- vi. Rheumatic heart disease,
- vii. Renal vascular hypertension,
- viii. Arteriovenous fistula, and
- ix. Kawasaki disease with coronary artery aneurysm;

b. Conditions not medically eligible for CRS:

- i. Essential hypertension;
- ii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance;
- iii. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function; and
- iv. Benign heart murmur;

2. Endocrine system:

a. CRS conditions:

- i. Hypothyroidism,
- ii. Hyperthyroidism,
- iii. Adrenogenital syndrome,
- iv. Addison's disease,
- v. Hypoparathyroidism,
- vi. Hyperparathyroidism,
- vii. Diabetes insipidus,
- viii. Cystic fibrosis, and
- ix. Panhypopituitarism;

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AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

b. Conditions not medically eligible for CRS:

- i. Diabetes mellitus,
- ii. Isolated growth hormone deficiency,
- iii. Hypopituitarism encountered in the acute treatment of a malignancy, and
- iv. Precocious puberty;

3. Genitourinary system medical conditions:

a. CRS conditions:

- i. Vesicoureteral reflux, with at least mild or moderate dilatation and tortuosity of the ureter and mild or moderate dilatation of renal pelvis;
- ii. Ectopic ureter;
- iii. Ambiguous genitalia;
- iv. Ureteral stricture;
- v. Complex hypospadias;
- vi. Hydronephrosis;
- vii. Deformity and dysfunction of the genitourinary system secondary to trauma after the acute phase of the trauma has passed;
- viii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required;
- ix. Multicystic dysplastic kidneys;
- x. Nephritis associated with lupus erythematosus; and
- xi. Hydrocele associated with a ventriculo-peritoneal shunt;

b. Conditions not medically eligible for CRS:

- i. Nephritis, infectious or noninfectious;
- ii. Nephrosis;
- iii. Undescended testicle;
- iv. Phimosis;
- v. Hydrocele not associated with a ventriculo-peritoneal shunt;
- vi. Enuresis;
- vii. Meatal stenosis; and
- viii. Hypospadias involving isolated glandular or coronal aberrant location of the urethralmeatus without curvature of the penis;

4. Ear, nose, or throat medical conditions:

a. CRS conditions:

- i. Cholesteatoma;
- ii. Chronic mastoiditis;

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AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

- iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, after the acute phase of the trauma has passed;
- iv. Neurosensory hearing loss;
 - v. Congenital malformation;
- vi. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels, that despite medical treatment, requires a hearing aid;
- vii. Craniofacial anomaly that requires treatment by more than one CRS provider; and
- viii. Microtia that requires multiple surgical interventions;

b. Conditions not medically eligible for CRS

- i. Tonsillitis,
- ii. Adenoiditis,
- iii. Hypertrophic lingual frenum,
- iv. Nasal polyp,
- v. Cranial or temporal mandibular joint syndrome,
- vi. Simple deviated nasal septum,
- vii. Recurrent otitis media,
- viii. Obstructive apnea,
- ix. Acute perforation of the tympanic membrane,
- x. Sinusitis,
- xi. Isolated preauricular tag or pit, and
- xii. Uncontrolled salivation,

5. Musculoskeletal system medical conditions:

a. CRS conditions:

- i. Achondroplasia;
- ii. Hypochondroplasia;
- iii. Diastrophic dysplasia;
- iv. Chondrodysplasia;
- v. Chondroectodermal dysplasia;
- vi. Spondyloepiphyseal dysplasia;
- vii. Metaphyseal and epiphyseal dysplasia;
- viii. Larsen syndrome;
- ix. Fibrous dysplasia;
- x. Osteogenesis imperfecta;
- xi. Rickets;
- xii. Enchondromatosis;
- xiii. Juvenile rheumatoid arthritis;
- xiv. Seronegative spondyloarthropathy;
- xv. Orthopedic complications of hemophilia;

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COVERED CONDITIONS IN THE CRS PROGRAM
AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

- xvi. Myopathy;
- xvii. Muscular dystrophy;
- xviii. Myoneural disorder;
- xix. Arthrogyposis;
- xx. Spinal muscle atrophy;
- xxi. Polyneuropathy;
- xxii. Chronic stage bone infection;
- xxiii. Chronic stage joint infection;
- xxiv. Upper limb amputation;
- xxv. Syndactyly;
- xxvi. Kyphosis;
- xxvii. Scoliosis;
- xxviii. Congenital spinal deformity;
- xxix. Congenital or developmental cervical spine abnormality;
- xxx. Hip dysplasia;
- xxxi. Slipped capital femoral epiphysis;
- xxxii. Femoral anteversion and tibial torsion;
- xxxiii. Legg-Calve-Perthes disease;
- xxxiv. Lower limb amputation, including prosthetic sequelae of cancer;
- xxxv. Metatarsus adductus;
- xxxvi. Leg length discrepancy of five centimeters or more;
- xxxvii. Metatarsus primus varus;
- xxxviii. Dorsal bunions;
- xxxix. Collagen vascular disease:
 - xl. Benign bone tumor;
 - xli. Deformity and dysfunction secondary to musculoskeletal trauma;
 - xlii. Osgood Schlatter's disease that requires surgical intervention; and
 - xliii. Complicated flat foot, such as rigid foot, unstable subtalar joint, or significant calcaneus deformity;

b. Conditions not medically eligible for CRS

- i. Ingrown toenail;
- ii. Back pain with no structural abnormality;
- iii. Ganglion cyst;
- iv. Flat foot other than complicated flat foot;
- v. Fracture;
- vi. Popliteal cyst;
- vii. Simple bunion; and
- viii. Carpal tunnel syndrome;
- ix. Deformity and dysfunction secondary to trauma or injury if:
 - (a) Three months have not passed since the trauma or injury; and
 - (b) Leg length discrepancy of less than five centimeters at skeletal maturity.

EXHIBIT 330-1
COVERED CONDITIONS IN THE CRS PROGRAM
AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

6. Gastrointestinal system medical conditions:

a. CRS conditions:

- i. Tracheoesophageal fistula;
- ii. Anorectal atresia;
- iii. Hirschsprung's disease;
- iv. Diaphragmatic hernia;
- v. Gastroesophageal reflux that has failed treatment with drugs or biologicals and requires surgery;
- vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, after the acute phase of the trauma has passed;
- vii. Biliary atresia;
- viii. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract;
- ix. Cleft lip;
- x. Cleft palate;
- xi. Omphalocele; and
- xii. Gastroschisis;

b. Conditions not medically eligible for CRS

- i. Malabsorption syndrome, also known as short bowel syndrome,
- ii. Crohn's disease,
- iii. Hernia other than a diaphragmatic hernia,
- iv. Ulcer disease,
- v. Ulcerative colitis,
- vi. Intestinal polyp,
- vii. Pyloric stenosis, and
- viii. Celiac disease;

7. Nervous system medical conditions:

a. CRS conditions:

- i. Uncontrolled seizure disorder, in which there have been more than two seizures with documented adequate blood levels of one or more medications;
- ii. Cerebral palsy;
- iii. Muscular dystrophy or other myopathy;
- iv. Myoneural disorder;
- v. Neuropathy, hereditary or idiopathic;
- vi. Central nervous system degenerative disease;
- vii. Central nervous system malformation or structural abnormality;
- viii. Hydrocephalus;

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- ix. Craniostyostosis of a sagittal suture, a unilateral coronal suture, or multiple sutures in a child less than 18 months of age;
- x. Myasthenia gravis, congenital or acquired;
- xi. Benign intracranial tumor;
- xii. Benign intraspinal tumor;
- xiii. Tourette's syndrome;
- xiv. Residual dysfunction after resolution of an acute phase of vascular accident, inflammatory condition, or infection of the central nervous system;
- xv. Myelomeningocele, also known as spina bifida;
- xvi. Neurofibromatosis;
- xvii. Deformity and dysfunction secondary to trauma in an individual;
- xviii. Residual dysfunction after acute phase of near drowning; and
- xix. Residual dysfunction after acute phase of spinal cord injury;

b. Conditions not medically eligible for CRS

- i. Headaches;
- ii. Central apnea secondary to prematurity;
- iii. Near sudden infant death syndrome;
- iv. Febrile seizures;
- v. Occipital plagiocephaly, either positional or secondary to lambdoidal synostosis;
- vi. Trigonoccephaly secondary to isolated metopic synostosis;
- vii. Spina bifida occulta;
- viii. Near drowning in the acute phase; and
- ix. Spinal cord injury in the acute phase;
- x. Chronic vegetative state;

8. Ophthalmology:

a. CRS conditions:

- i. Cataracts;
- ii. Glaucoma;
- iii. Disorder of the optic nerve;
- iv. Non-malignant enucleation and post-enucleation reconstruction;
- v. Retinopathy of prematurity; and
- vi. Disorder of the iris, ciliary bodies, retina, lens, or cornea;

b. Conditions not medically eligible for CRS

- i. Simple refraction error,
- ii. Astigmatism,
- iii. Strabismus, and
- iv. Ptosis;

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COVERED CONDITIONS IN THE CRS PROGRAM
AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

9. Respiratory system medical conditions:

a. CRS conditions:

- i. Anomaly of the larynx, trachea, or bronchi that requires surgery; and
- ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi;

b. Conditions not medically eligible for CRS:

- i. Respiratory distress syndrome,
- ii. Asthma,
- iii. Allergies,
- iv. Bronchopulmonary dysplasia,
- v. Emphysema,
- vi. Chronic obstructive pulmonary disease, and
- vii. Acute or chronic respiratory condition requiring venting for the neuromuscularly impaired;

10. Integumentary system medical conditions:

a. CRS conditions:

- i. A craniofacial anomaly that is functionally limiting,
- ii. A burn scar that is functionally limiting,
- iii. A hemangioma that is functionally limiting,
- iv. Cystic hygroma, and
- v. Complicated nevi requiring multiple procedures;

b. Conditions not medically eligible for CRS:

- i. A deformity that is not functionally limiting,
- ii. A burn other than a burn scar that is functionally limiting;
- iii. Simple nevi,
- iv. Skin tag,
- v. Port wine stain,
- vi. Sebaceous cyst,
- vii. Isolated malocclusion that is not functionally limiting,
- viii. Pilonidal cyst,
- ix. Ectodermal dysplasia, and
- x. A craniofacial anomaly that is not functionally limiting;

11. Metabolic CRS conditions :

- i. Amino acid or organic acidopathy,
- ii. Inborn error of metabolism,

EXHIBIT 330-1
COVERED CONDITIONS IN THE CRS PROGRAM
AS DESCRIBED IN R9-22-1303, MEDICAL ELIGIBILITY

- iii. Storage disease,
- iv. Phenylketonuria,
- v. Homocystinuria,
- vi. Maple syrup urine disease,
- vii. Biotinidase deficiency,

12. Hemoglobinopathies CRS conditions:

- a. Sickle cell anemia,
- b. Thalassemia.

13. Medical/behavioral conditions which are not medically eligible for CRS:

- a. Allergies;
- b. Anorexia nervosa or obesity;
- c. Autism;
- d. Cancer;
- e. Depression or other mental illness;
- f. Developmental delay;
- g. Dyslexia or other learning disabilities;
- h. Failure to thrive;
- i. Hyperactivity;
- j. Attention deficit disorder; and
- k. Immunodeficiency, such as AIDS and HIV.