

Policy: MP358

Section: Medical Policy

Subject: Home Accessibility Durable Medical Equipment

Applicable Lines of Business

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|------------|---|------|---|
| Commercial | X | CHIP | X |
| Medicare | X | ACA | X |
| Medicaid | X | | |

I. Policy: Home Accessibility Durable Medical Equipment

II. Purpose/Objective:

To provide a policy of coverage regarding Home Accessibility Durable Medical Equipment

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

1. **BMCO** – Bureau of Managed Care Operations
2. **DHS** – Pennsylvania Department of Human Services, the State department responsible for oversight of all the HealthChoices program in the established geographic Zones.
3. **GHP Family** – the trademark name and logo assigned to the HealthChoices program by Geisinger Health Plan and approved by the Pennsylvania Department of Human Services.
4. **Home modifications** – Home modifications not covered under this policy include but are not limited to:
 - a. Modifications to the home or place of residence
 - b. Repairs of the home, including repairs caused by the installation, use, or removal of the medical equipment or appliance
 - c. Changes to the internal or external infrastructure of the home or residence including
 - i. Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor
 - ii. Constructing retaining walls or footers for a retaining wall
 - iii. Installation of or modification of a deck
 - iv. Changes to the internal or external infrastructure of the home or residence including:
 1. Installation of a driveway or sidewalk
 2. Upgrading the electrical system
 3. Plumbing
 4. Ventilation or HVAC work
 5. Widening a doorway
 6. Drywall
 7. Painting
 8. Installation of flooring
 9. Tile work
 10. Landscaping
 11. Demolition of existing property or structure
5. **Mobility Limitation**- the member has a mobility limitation that significantly impairs their ability to perform an activity of daily living and is one that
 - a. Prevents the member from accomplishing the activity entirely; or
 - b. Places the member at a reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the activity; or
 - c. Prevents the member from completing the activity within a reasonable time frame
6. **Protected Health Information (PHI)** – individually identifiable health information whether oral or recorded in any form or medium, including demographic information collected from an individual, and:
 - Is created or received by a health care provider, the Health Plan, employer or health care clearinghouse; and
 - Relates to the past, present or future physical or mental condition of an individual, as well as the provision of health care to an individual or the past, present or future payment for the provision of healthcare to an individual; and
 - That identifies the individual; or
 - With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

As additional guidance for internal Workforce use only, the following is a list of identifiers that would be considered individually:

 - Names;
 - All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of Census:
 - The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
 - The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- Telephone numbers, fax numbers, and electronic mail addresses;
- Social Security numbers;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) Address;
- Biometric identifiers, including finger and voice prints;
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, or code, e.g., service date.

MEDICAID BUSINESS SEGMENT

DESCRIPTION:

This policy outlines the process utilized by GHP Family to review requests for home accessibility durable medical equipment. Information outlined in the HealthChoices Agreement, Appendix 6, Home Accessibility Risk Sharing Arrangement, further explains the expectation and risk sharing arrangement that Managed Care Organizations (MCO) must use to review and approve certain home accessibility Durable Medical Equipment (DME).

PROCEDURE:

1. This policy covers medically necessary services prescribed by a licensed physician/provider that are used by a covered member with a mobility impairment to enter and exit the home or are used to support activities of daily living; and are removable or reusable, which includes instances where these items are installed using screws or bolts and are removed by removing the screws or bolts without damage to the item.
2. GHP requires at least two estimates for the equipment and installation. GHP will assist the member in identifying suppliers to provide these estimates.
3. Covered Services for medically necessary services include, but are not limited to:
 - a. Wheelchair lifts, stair glides, ceiling lifts and metal accessibility ramps that are used by a member with a mobility impairment to enter and exit the home or are used to support activities of daily living; and are removable or reusable, which includes instances where these items are installed using screws or bolts and are removed by removing the screws or bolts without damage to the item.
 - b. Medically necessary repairs to the equipment
 - c. Installation costs. This may include, but are not limited to:
 - i. Parts or supplies provided or recommended by the manufacturer for attaching or mounting the item to the surface at the home or residence
 - ii. Labor to attach or mount the item to a surface per the manufacturer's installation guide
 - iii. Required permits
 - iv. Installing an electrical outlet or connection to an existing electrical source
 - v. Pouring a concrete foundation (slab) according to the manufacturer's instructions (which may include leveling the ground under the concrete foundation)
 - vi. External supports, such as bracing a wall
 - vii. Removing/replacing a portion of an existing railing or banister only as needed to accommodate the equipment

SEE ALSO: Medical Management Policy 75MA

CRITERIA FOR COVERAGE: PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR OR DESIGNEE IS REQUIRED

All must be met

- a) Permission from the property owner to install the item has been obtained; and
- b) A minimum of at least two estimates for the equipment and installation have been submitted; and
- c) Documentation has been submitted to verify all of the following:
 - the member has a mobility limitation that significantly impairs their ability to perform an activity of daily living.

- the member possesses the ability to activate and control the requested item with or without assistance; and
- the member's prognosis demonstrates an ongoing need for the item; or
- the item is otherwise medically necessary.

and

- d) The home or residence has, or there should be a plan to obtain, sufficient door, stairway, hallway, room dimensions, and structural support for the particular item to be safely installed and used; and.
- e) The requested item is reusable or removable without damage to the item; and.
- f) The customary location for the member to use the item is conducive to the use of the item.

Program Exceptions for Home Accessibility Durable Medical Equipment will follow the process outlined in the PA Dept. of Human Services Medical Assistance Bulletin NUMBER 09-21-04, 10-21-01, 14-21-01, 24-21-04, 25-21-01, 31-21-05, 33-21-04

EXCLUSIONS:

Home Accessibility Durable Medical Equipment requests not meeting the criteria for coverage outlined above will be considered not medically necessary and therefore **NOT COVERED**.

The coverage outlined in this policy excludes members who reside in any of the following types of facilities:

- d. State Intermediate Care Centers for Intellectual Disabilities
- e. Intermediate Care Facility for the Intellectually Disabled
- f. South Mountain Restoration Center
- g. County Nursing Facility
- h. General Nursing Facility
- i. Hospice
- j. Intermediate Care Facility for Persons with Other Related Conditions

Home modifications are not covered. Home modifications include:

1. Repairs of the home, including repairs caused by the installation, use or removal of the medical equipment or appliance.
2. Changes to the internal or external infrastructure of the home or residence, including:
 - Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor.
 - Constructing retaining walls or footers for a retaining wall.
 - Installation of or modification of a deck.
 - Installation of a driveway or sidewalk.
 - Upgrading the electrical system.
 - Plumbing.
 - Ventilation or HVAC work.
 - Widening a doorway.
 - Drywall.
 - Painting.
 - Installation of flooring.
 - Tile work.
 - Demolition of existing property or structure.

Home Accessibility Durable Medical Equipment is excluded for all business segments other than Medicaid.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Home Accessibility Durable Medical Equipment

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

PA Dept. of Human Services. Medical Assistance Bulletin. Coverage of Home Accessibility Durable Medical Equipment and Procedure for Obtaining an 1150 Administrative Waiver in the Fee-for-Service Delivery System. NUMBER 09-21-04, 10-21-01, 14-21-01, 24-21-04, 25-21-01, 31-21-05, 33-21-04

This policy will be revised as necessary and reviewed no less than annually.

Devised: 4/22 (Supplement to Med Mgt Policy75MA)

Revised:

Reviewed: 5/23, 5/24

CMS UM Oversight Committee Approval: 12/23, 7/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.