Home accessibility durable medical equipment

Clinical Policy ID: CCP.1467

Recent review date: 7/2020

Next review date: 11/2021

Policy contains: Durable medical equipment, installation, physical impairment, physical limitation, repairs

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

Home accessibility durable medical equipment is clinically proven and, therefore, medically necessary for members with a mobility impairment when the following criteria is met:

- The equipment enables the member to enter and exit the home, or supports activities of daily living; and
- The equipment consists of wheelchair lifts, stair glides, ceiling lifts and metal accessibility ramps and other items that:
    - attach to a home or residence; 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.

Installation costs and medically necessary repairs to the equipment are clinically proven and, therefore, medically necessary for members with a mobility impairment when the above criteria for home modifications are met. Installation includes:

- Necessary labor to attach or mount the item to a surface as per the manufacturer's installation guide;
- Drafting and submitting required permits;
- Installation of a necessary electrical outlet or connection to an existing electrical source;

- Pouring a necessary concrete foundation (slab) according to the manufacturer's instructions, which may include leveling the ground under the concrete foundation if required for the foundation to be stable;
- Installation of necessary external supports, such as bracing a wall; and
- Removal of a portion of an existing railing or bannister only as needed to accommodate the equipment.

A service or item is medically necessary if it meets any one of the following:

- The service, item, procedure or level of care will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- The service, item, procedure or level of care will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- The service, item, procedure or level of care 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.

Items for home accessibility are medically necessary if all of the following conditions are present:

- The item is prescribed by a physician.
- There is demonstrated medical necessity for the item.
- There is information that supports that the equipment is appropriate to supporting the member's mobility and completion of activities of daily living.
- There is information that supports that the equipment can be safely installed.
- There is information that supports that the equipment can safely be used by the member.
- The member possesses the ability to activate and control the requested item or has a caregiver who can activate and control the item.
- The member's prognosis demonstrates an ongoing need for the item.

Other modifications to the home itself are experimental/investigational and, therefore, not medically necessary. Unnecessary home modifications include:

- Modifications to the home or place of residence;
- Repairs of the home, including repairs caused by the installation, use, or removal of the medical equipment or appliance; and
- 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;
    - Changes to the internal or external infrastructure of the home or residence including:
        - installation of a driveway or sidewalk;
        - upgrading the electrical system;
        - plumbing;
        - heating, ventilation, or air conditioning work;
        - widening a doorway;
        - drywall;
        - painting;
        - installation of flooring;
        - tile work; and
        - demolition of existing property or structure.

Additionally, Pennsylvania Department of Human Services specifies the following:

- A physical therapy/occupational therapy evaluation can be requested if needed to determine if the requested equipment is able to appropriately meet the mobility needs of the member.
- Information on mobility-related durable medical equipment that is currently being used can be requested.
- Additional information may be requested regarding why an alternate item would not meet the member's need.
- Information on whether the individual is now carried/lifted in/out and within the home should not be considered as part of determining whether the equipment is medically necessary.
- Information on an individual's size/height/weight can be requested if it necessary to determine what equipment to approve (i.e., brand, weight limit, etc.)
- Information on an individual's size/height/weight cannot be used in determining if the individual can be transferred by being carried, slid, or pulled.
- Other equipment can be approved in lieu of the requested item, provided the approved equipment will meet the mobility need.
- A second estimate for equipment installation and repairs may be requested.
- The managed care organization must assist the member in identifying suppliers who can provide installation and repair services.

Pennsylvania Department of Human Services considers that items for home accessibility are medically necessary if all of the following conditions are present:

- The item is prescribed by a physician.
- There is demonstrated medical necessity for the item.
- There is information that supports that the equipment is appropriate to supporting the member's mobility and completion of activities of daily living.
- There is information that supports that the equipment can be safely installed.
- There is information that supports that the equipment can safely be used by the member.
- The member possesses the ability to activate and control the requested item or has a caregiver who can activate and control the item.
- The member's prognosis demonstrates an ongoing need for the item.

A physical therapy/occupational therapy evaluation can be requested if needed to determine if the requested equipment is able to appropriately meet the mobility needs of the member.
Information on mobility related DME that is currently being used can be requested.

Information on whether the individual is now carried/lifted in/out and within the home should not be considered as part of determining whether the equipment is medically necessary.

Limitations

- The items must be removable and there must be permission from the property owner or landlord to perform the installation.
- The parts or supplies used for installation or repair must be those provided or recommended by the manufacturer for attaching or mounting the item to the surface at the home or residence, when such are specified.
- The environment should have, 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.

Alternative covered services

Approved equipment that is not installed in the home.

Background

Home accessibility durable medical equipment can increase accessibility within the home, allowing those with physical impairments to remain safe, active, and mobile within their homes, and to safely enter and exit their homes.

In 2016, Centers for Medicare & Medicaid Services revised the definition of Equipment and Appliances - 42 CFR 440.70(b)(3). The new text reads as follows.

> (3) Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at § 440.70(c)(1).
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> (i) Supplies are health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury.
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> (ii) Equipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable. State Medicaid coverage of equipment and appliances is not restricted to the items covered as durable medical equipment in the Medicare program.
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> (iii) A beneficiary's need for medical supplies, equipment, and appliances must be reviewed by a physician annually. *[This paragraph remains the same.]*
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> (iv) Frequency of further physician review of a beneficiary's continuing need for the items is determined on a case-by-case basis, based on the nature of the item prescribed; *[This paragraph remains the same]*
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> (v) States can have a list of preapproved medical equipment supplies and appliances for administrative ease but States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list. The procedure must use reasonable and specific criteria to assess items for coverage. When denying a request, a State must inform the beneficiary of the right to a fair hearing.

Centers for Medicare & Medicaid Services wrote in the Summary of the Final Rule for this revision:

> *"This final rule revises the Medicaid home health service definition consistent with section 6407 of the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act) and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to add requirements that, for home health services, physicians document, and, for certain medical equipment, physicians or certain authorized non-physician practitioners (NPP) document the occurrence of a face-to-face encounter (including through the use of telehealth) with the Medicaid eligible beneficiary within reasonable timeframes. This rule also aligns the timeframes for the face-to-face encounter with similar regulatory requirements for Medicare home health services. In addition, this rule amends the definitions of medical supplies, equipment, and appliances. We expect minimal impact with the implementation of section 6407 of the Affordable Care Act and section 504 of MACRA. We recognize that states may have budgetary implications as a result of the*

amended definitions of medical supplies, equipment and appliances. Specifically, this rule may expand coverage of medical supplies, equipment and appliances under the home health benefit. There will be items that had previously only been offered under certain sections of the Act that will now be covered under the home health benefit."

In sum, this revision may expand member access to covered medical supplies, equipment, and supplies under the home health benefit.

Findings

This policy is based on the Centers for Medicare & Medicaid Services revised rule of 2016, as cited above, which defines durable medical equipment as including equipment that is reusable or removable after installation.

In addition, we identified one human rights policy and one systematic review. We did not identify any professional guidelines.

The United Nations Convention on the Rights of Persons with Disabilities, Article 9, states the following *[italics added for emphasis]*:

> To *enable persons with disabilities to live independently* and participate fully in all aspects of life, *States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment,* to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. *These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:*
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> > a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, *housing,* medical facilities and workplaces;
> >
> > b) Information, communications and other services, including electronic services and emergency services.

We identified a single systematic review (Cho, 2016) providing scientific data to support this policy. This analysis included 14 articles of multiple study designs including randomized clinical trials and cross-sectional, longitudinal, cohort, quasi-experimental and unrandomized pre- and post-test studies. The authors did not identify any previous relevant meta-analyses or systematic reviews. Due to methodological and statistical heterogeneity, a narrative synthesis was performed. The results suggested that some interventions to enhance the accessibility of homes can have positive health and social effects. In home environments that lack accessibility modifications appropriate to individual needs, people with physical impairments are likely to become disabled at home. We did not identify any scientific professional guidelines.

References

On June 3, 2020, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were "home," "durable medical equipment," "access," "disability," "impairment," "install," and "repair." We included the best available evidence according to established

evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

Centers for Medicare & Medicaid Services, Health and Human Services. CFR 2016, Title 42, Section § 440.70 https://www.govinfo.gov/content/pkg/CFR-2016-title42-vol4/pdf/CFR-2016-title42-vol4-sec440-70.pdf. Accessed June 3, 2020.

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Cho HY, MacLachlan M, Clarke M, Mannan H. Accessible home environments for people with functional limitations: a systematic review. *Int J Environ Res Public Health*. 2016;13(8):826. Doi:10.3390/ijerph13080826

Piccenna L, Lannin NA, Scott K, Bragge P, Gruen R. Guidance for community-based caregivers in assisting people with moderate to severe traumatic brain injury with transfers and manual handling: evidence and key stakeholder perspectives. *Health Soc Care Community*. 2017;25(2):458-465. Doi:10.1111/hsc.12327.

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Policy updates

7/2020: initial review date and clinical policy effective date: 8/2020