	<b>DEPARTMENT: Health Services</b>
<b>TITLE:</b> Home Accessibility DME	<b>LINE OF BUSINESS:</b> Pennsylvania UHC Community Plan
<b>EFFECTIVE</b> July 1 2020	<b>Number:</b> HS-PA - 050
<b>REVISED:</b> 11/2/2021	
<b>REVIEWED:</b> 7/11/2021	<b>AUTHORIZED BY:</b> Chief Medical Officer

**SCOPE:** Home Accessibility DME that is requested by, or on behalf of, a United Healthcare Community Plan Health Choices member. The scope of this benefit is limited to home equipment and fixtures made necessary by a significant medical condition affecting mobility and access to, from, or within the member's home, without such medical condition the equipment or fixture(s) would not be necessary. The equipment may include wheelchair lifts, stair glides, ceiling lifts and accessibility ramps that are used by a member with a mobility impairment to support activities of daily living to enter, exit, or move about the home.

**I. PURPOSE:** To provide definition, policy, and process to administer the Home Accessibility DME benefit, as it applies to authorization requests on behalf of Pennsylvania Community Plan Health Choices members.


## **II. DEFINITIONS**

**A. Home Accessibility DME:** Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place

1. 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.
2. Are removable or reusable without damaging the item and are medically necessary and
3. 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
4. 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. Mobility Limitation:**

1. Prevents the member from accomplishing the activity entirely; or
2. Places the member at a reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the activity; or
3. Prevents the member from completing the activity within a reasonable time frame
4. The member possesses the ability to activate and control the requested item with or without assistance; and
5. The member's prognosis demonstrates an ongoing need for the item; or
6. The item is otherwise medically necessary.


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**C. Medically Necessary** — A service or benefit is Medically Necessary if it is compensable under the Pennsylvania MA Program and if it meets any one of the following standards:

1. The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
2. The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
3. The service or benefit 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.

### III. POLICY:

- A. All requests for Home Accessibility must be reviewed by a UHC medical director.
- B. The plan will require a Letter of Medical Necessity (LOMN) from the member’s physician to confirm a serious medical condition that may affect mobility and the individuals access to activities of daily living, and/or access to the home and is removable and/or reusable.
  1. The plan may require additional evaluation of the member by relevant specialists, such as physical medicine, occupational or physical therapists, but only if that is in reasonable support of its good faith efforts to fully understand the member’s functional needs.
  2. An assessment of the home must also occur, keeping the member’s functional ability, medical needs, and the home’s characteristics in mind in order to evaluate the request for authorization.
  3. United Healthcare Community Plan will review and evaluate authorization request for items that fall in the category of Home Accessibility DME.
  4. These items include, but are not limited to:
    - a). Wheelchair lifts, stair glides, ceiling lifts and metal accessibility ramps and other items that:
      - b). Are reusable or removable without damage to the item
      - c). Are used by a beneficiary with a mobility impairment to enter and exit the home, or are used to support activities of daily living; and
      - d.) 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.
- C. Installation costs are also covered if the item is deemed medically necessary.
- D. Repairs to the equipment are also covered if deemed medically necessary.
- E. Parts or supplies provided or recommended by the manufacturer for attaching or mounting the item to the surface at the home or residence;


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- F. Labor to attach or mount the item to a surface per the manufacturer’s installation guide;
- G. Required permits;
- H. Installing an electrical outlet or connection to an existing electrical source
- I. Pouring a concrete foundation (slab) according to the manufacturer’s instructions (which may include leveling the ground under the concrete foundation);
- J. External supports, such as bracing a wall; and
- K. Removing a portion of an existing railing or bannister only as needed to accommodate the equipment.

**IV. Exceptions:**

- A. Home Modifications are not covered and do not fall under this Policy.
- B. Items not covered include but are not limited to:
  - 1. Modifications to the home or place of residence;
  - 2. Repairs of the home, including repairs caused by the installation, use, or removal of the medical equipment or appliance; and
  - 3. Changes to the internal or external infrastructure of the home or residence including:
    - a.) Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor;
  - 4. Constructing retaining walls or footers for a retaining wall;
  - 5. Installation of or modification of a deck;
  - 6. Changes to the internal or external infrastructure of the home or residence including but not limited to:
    - a.) Installation of a driveway or sidewalk;
    - b.) Upgrading the electrical system;
    - c.) Plumbing;
    - d.) Ventilation or HVAC work;
    - e.) Widening a doorway;
    - f.) Drywall;
    - g.) Painting;
    - h.) Installation of flooring;
    - i.) Tile work; and
    - j.) Demolition of existing property or structure.

**V. Prior Authorization Process:**

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A. Prior Authorization is required for Home Accessibility DME, and will be a two-stage process, contingent on several factors:

**B. Phase One:**

1. The item must be prescribed by a physician, and a Letter of Medical Necessity (LOMN) must be submitted with the request.
2. The Letter should include sufficient clinical information to describe the members clinical condition, and how the Home Accessibility DME will be of benefit to the member.
3. Specifically: how the DME will support mobility and completion of ADLs.
4. The Letter of Medical Necessity must include the expectation that the equipment can be safely installed and safely used by the member.
5. The Letter of Medical Necessity must include the physician's belief that the member has the ability to activate and control the requested item, or has a caregiver who can activate and control the item.
6. The LOMN must also state that the members prognosis demonstrates an ongoing need for the item.
7. The designated Prior Auth medical director will review and determine medical necessity of the requested item.
8. The letter documenting the determination will be sent to the requesting provider, and the member.

**Phase Two:**

1. Subsequent to the determination of medical necessity, we will proceed with planning for installation of the approved item.
2. The member will be advised that one or more site visits by plan, equipment or contractor representatives, will be scheduled to assess feasibility of the requested item.
3. Feasibility will include sufficient door, stairway, hallway, room dimensions and structural support for the particular item to be safely installed and used.
4. Written permission from the property owner must be submitted to the plan.
5. There may be issues identified at the members home visit that preclude the ability to install the requested item.
6. These may include lack of written consent of the landlord, owner, or lessor, restrictive zoning and building permit requirements, architectural or structural requirements that preclude installation of the item, and failure to secure certifications or inspections.

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**Approved By:**

**Approval Date:**

*Michael S Kornhauser MD*  
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**11/02/2021**

Michael S. Kornhauser, MD  
CMO Pennsylvania Health Plan