



## Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Ramps</b>		
<b>MNG #: 067</b>	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Medicare Benefit:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Approval Date:</b> 5/6/2021	<b>Effective Date:</b> 08/21/2021
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 5/6/2022	<b>Retire Date:</b>

**OVERVIEW:**

Ramps enable a member who requires a wheelchair for mobility (or has limited ambulation skills) to enter/exit their home. Ramps come in a variety of materials (wood, metal, composite, or rubber) and a variety of sizes to accommodate the height/width of the stairs. They can be portable (fold and are able to be transported from place to place), semi-permanent (modular sections that are grouped to accommodate the rise and can be easily removed and reused) or permanent usually wood that are constructed in place and attached to the building).

- The Americans with Disabilities Act (ADA) guidelines for public or commercial buildings state that the rise must be no greater than 1:12 (1" height over 12" in length, 4.8 ° angle), for independent mobility a 1:16 (1 "height over 16" length, 3.6° angle) or 1:20 (1" height over 20" length, 2.9 ° angle) provides a gentler slope and is more doable to a member who is self- propelling up and down the ramp.
- ADA guidelines also require a width of at least 36" and that the rise length is no more than 30' without a level platform.
- Residential ramps do not have to adhere to the ADA guidelines but, they provide a base to work from.
- For residential ramps a 2:12 (2" height over 12" length, 9.5°) rise is considered the maximum ramp angle for use with an assistant (member is pushed up/down ramp).
- Angles greater than 2:12 create a tipping risk due to the structure and weight distributions of wheelchairs.
- Power wheelchairs recommended max is 1.5:12 (1.5" in height over 12" in length, 7.1° angle).
- ADA recommends at least 36" wide and they should have a railing if longer than 6 ft.

**DECISION GUIDELINES:**

**Clinical Eligibility:**

- Member is wheelchair dependent and unable to enter/exit their home with assistance.
- Member has decreased ambulation skills and is unable to climb stairs.
- Member is only able to leave home via ambulance and stretcher.



## Medical Necessity Guideline

### Determination of need:

- Member could enter/exit home in their wheelchair with assistance if a ramp were present.
- Member owns the home.

*Note:* In accordance with CCA's Policy on Medically Necessary Home Modifications (P&P # 49), CCA must receive:

- a. a written *Home Modifications - Acknowledgment and Agreement* from the owner(s), and
- b. proof of ownership of that residence.

### LIMITATIONS/EXCLUSIONS:

- Member does not own their home and ramp is permanent or semi-permanent.
  - Landlord should be asked to provide reasonable accommodations
  - Or permission to install ramp, if the landlord is unable to provide ramp.
- The member already has equipment that is able to meet their needs and is in good working order.
- The member's needs could be met with a less costly alternative or alternative source, see Mass.gov Home Modification Loan Program in Related Reference section.
- The equipment cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness or injury

### KEY CARE PLANNING CONSIDERATIONS:

- The member and/or their caregiver have the ability to understand the safe use of the ramp.
- The member has the ability to store a portable ramp safely and securely.

### AUTHORIZATION:

S5165

Ramps require prior authorization including review of documentation by physical or occupational therapist documenting medical necessity for the equipment and a vendor's quote including description or detailed drawing of the proposed ramp. Further documentation requirements listed below.

### Documentation Requirements:

1. Standard Written Order (SWO)
2. Letter of Medical Necessity (LMN)
3. Detailed Home Modification Plan, including:
  - a. *Home Modifications - Acknowledgment and Agreement* (See Exhibit A) from the owner(s), as applicable,
  - b. Detailed drawing of the Home Modification, and
  - c. The service provider's quote regarding the cost of the of Home Modification, including:
    - A labor detail sheet, and
    - The manufacturer's invoice for any products used under the HCPCS Code S5165 code



## Medical Necessity Guideline

### REGULATORY NOTES:

N/A

### RELATED REFERENCES:

This DST guide is not a rigid rule. CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (\*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

\*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates. Commonwealth Care Alliance: Home Modification

[Home Modifications DST160](#)

Mass Health; 130 CMR 450.204: Medical Necessity; 130CMR 428.402

Definitions; 130CMR 409.402: Definitions; 130CMR 409.414 Non-covered services

<http://www.mass.gov/eohhs/consumer/disability-services/housing-disability/home-mod-loan/>

### ATTACHMENTS:

EXHIBIT A	<a href="#">Acknowledgement and Agreement Form</a>
EXHIBIT B	

### REVISION LOG:

REVISION DATE	DESCRIPTION



## Medical Necessity Guideline

### APPROVALS:

Doug Hsu

\_\_\_\_\_  
**CCA Senior Clinical Lead [Print]**

VP, Medical Policy & Utilization Review

\_\_\_\_\_  
**Title [Print]**



\_\_\_\_\_  
**Signature**

5/6/2021

\_\_\_\_\_  
**Date**

Click here to enter text.

\_\_\_\_\_  
**CCA Senior Operational Lead [Print]**

\_\_\_\_\_  
**Title [Print]**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Lori Tishler, MD

\_\_\_\_\_  
**CCA CMO or Designee [Print]**

SVP Medical Affairs

\_\_\_\_\_  
**Title [Print]**



\_\_\_\_\_  
**Signature**

5/6/2022

\_\_\_\_\_  
**Date**