



## Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Stair Lift</b>		
<b>MNG #: 79</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> 7/1/2021	<b>Effective Date:</b> 9/28/2021
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 7/1/2022	<b>Retire Date:</b>

### OVERVIEW:

A stair lift is a mechanical device with a seat that transports members up and down stairs. It enables members with mobility impairments who are unable to safely climb stairs access to their home.

### DECISION GUIDELINES:

#### Clinical Eligibility:

Member has mobility impairments that prevent safe stair use such as weakness or balance deficits resulting from permanent injury or medical condition.

#### Determination of need:

A stair lift is considered medically necessary for members who meet all of the following criteria:

- Member needs assistance to safely ascend or descend stairs due to a physical illness.
- Member must access other levels of their home for ADL's.
- Member is unable to modify present home to enable access to ADL's without the use of a stair lift (i.e. relocate bedroom to same level as bathroom/kitchen, enter home through an alternate entry).
- For an external stair lift to be considered the member can only exit their home by ambulance transport and the ability of a ramp for the member to exit the home must be ruled out.
- Member/family owns residence where the lift is to be installed,

*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, such as a copy of the deed or the tax bill.



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### LIMITATIONS/EXCLUSIONS:

- 1) Member cannot safely transfer onto/off the seat of the stair lift.
- 2) Member cannot independently maintain their seated balance when using the stair lift.
- 3) Member cannot independently operate the controls of the stair lift safely.
- 4) Member rents their residence and is eligible for reasonable accommodations from landlord.
- 5) Other less costly alternatives must have been considered (as part of the assessment process),
- 6) Community resources and alternative funding sources must have been exhausted, including but not limited to grants and the Massachusetts Home Modification Loan Program.
- 7) Stair Lift installation does not include the cost, if any, of restoring a site to its previous configuration or condition, this includes but is not limited to:
  - a) The removal of any installed equipment or modifications if and when the member is no longer in the need of it; or
  - b) The removal or remediation of existing modification or structures.

### KEY CARE PLANNING CONSIDERATIONS:

Member is motivated to use this system in order to access other levels of their residence. A stair lift will improve the member's life by allowing them to complete their ADL's more efficiently. Member has explored alternative funding sources such as grants or Massachusetts Home Modification Loan Program.

### AUTHORIZATION:

**HCPCS code S5165 is to be used for Stair Lift authorization requests.**

### Documentation Requirements:

1. Standard written Order (SWO)
2. Letter of Medical Necessity (LMN)
  - a) Clinical evaluation notes from a physical or occupational therapist that states the medical necessity.
3. Detailed Home Modification Plan, including:
  - a) *Home Modifications - Acknowledgment and Agreement* 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:
    - 1) a labor detail sheet, and
    - 2) the manufacturer's invoice for any products used under the HCPCS Code S5165 code.

### REGULATORY NOTES:

N/A

### RELATED REFERENCES:



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This MNG 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 Decision Support Tool (DST) # 160

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:

Avideep Chawla  
CCA Senior Clinical Lead [Print]

Signature

Director, UM  
Title [Print]

7/1/2021

Date

Doug Hsu  
CCA Senior Operational Lead [Print]

Signature

VP, Medical Policy & Utilization Review  
Title [Print]

7/1/2021

Date

Lori Tishler  
CCA CMO or Designee [Print]

Signature

SVP, Medical Services  
Title [Print]

7/1/2021

Date