Ramps
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Ramps		
MNG #: 067	☒**SCO** ☒**One Care** ☐**MA Medicare Premier** ☐**MA Medicare Value** ☐**RI Medicare Preferred** ☐**RI Medicare Value** ☐**RI Medicare Maximum**	**Prior Authorization Needed?** ☒ **Yes (always required)** ☐ **Yes (only in certain situations. See this MNG for details)** ☐ **No**
Clinical: ☒	**Operational:** ☒	**Informational:** ☐
Benefit Type: ☐ **Medicare** ☒ **Medicaid**	**Approval Date:** 5/6/2021;	**Effective Date:** 08/21/2021;
Last Revised Date: 6/10/2022;	**Next Annual Review Date:** 5/6/2022; 6/10/2023;	**Retire Date:**

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 Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline

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(MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

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.

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 Modification*s - *Acknowledgment and Agreement* from the owner(s), and
  b. proof of ownership of that residence.
- Placement of ramp provides a safe egress to the community.

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:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

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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

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

RELATED REFERENCES:

Home Modifications MNG 097

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/

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.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 documentour members' unique health contexts when requesting care which does not meet this formal MNG's conditions and recommendations.

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*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

ATTACHMENTS:

EXHIBIT A	Acknowledgement and Agreement Form
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
6/10/2022	Annual review, template change.

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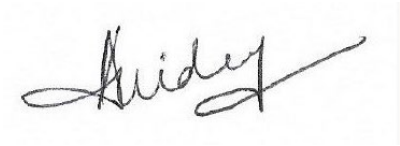
APPROVALS:

Avideep Chawla	Director, Utilization Management
CCA Senior Clinical Lead [Print]	**Title [Print]**
	5/6/2022
Signature	**Date**
Click here to enter text.	
CCA Senior Operational Lead [Print]	**Title [Print]**
Signature	**Date**
Lori Tishler, MD	Senior Vice President, Medical Services
CCA CMO or Designee [Print]	**Title [Print]**
	5/6/2022
Signature	**Date**