



Electronic Aids to Daily Living (EADL) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Electronic Aids to Daily Living (EADL)		
MNG #: 070	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 6/3/2021	Last Annual Review Date:
Last Revised Date: 3/14/2024	Next Annual Review Date: 6/3/2022; 3/14/2025	Retire Date:

OVERVIEW:

Electronic Aids to Daily Living (EADL) provide alternative control of electrical devices in the environment, allowing an individual with functional impairment(s) to have independent control of these electrical devices and enable the individual to remain or become independent in their home. Electrical devices include but are not limited to simple appliances, televisions, lighting, fans, air conditioners, thermostats, door locks. EADLs can be simple to complex and can be controlled through several different methods, including single or dual switches, touch screen, voice recognition, computer/smartphone interfaces and integration with other controls such as wheelchair controls. Examples of EADLs include universal remotes, wireless remotes, voice activated speakers and smart home devices.

DECISION GUIDELINES:

Clinical Coverage Criteria:

The Plan may authorize coverage of Electronic Aid(s) to Daily Living (EADL) when all the following criteria are met:

1. Member has functional impairment(s) that inhibits their ability to independently control usual and customary electronic devices in their home environment. Functional impairments include but are not limited to mobility, cognitive, visual, and hearing impairments.
2. Use of requested EADL;
 - a. Is required to increase or maintain functional capabilities of member and/or;
 - b. Provide substitution for personal assistance to member; and
 - c. Is required predominantly for member’s daily functioning; and
3. The member has been evaluated by an occupational therapist or physical therapist with expertise in the area of EADL and has demonstrated successful trial of recommended EADL; and
4. Requested EADL is most appropriate and cost-effective solution to provide independent control of applicable device(s)



Electronic Aids to Daily Living (EADL) Medical Necessity Guideline

LIMITATIONS/EXCLUSIONS:

The Plan does not cover:

- EADL when member can access their environment without assistance or modification
- EADL requested for convenience purposes only
- EADL duplicative of equipment that member currently utilizes to meet their needs and equipment is in good working order
- EADL for which there is a less costly alternative to meet member’s needs
- EADL that cannot reasonably be expected to make a meaningful contribution to the treatment of or accommodation to member’s illness or injury
- EADL for which Member is eligible under a state and/or federally funded program (e.g. specialized telephone equipment through Massachusetts Equipment Distribution Program, Federal Communications Commission's National Deaf-Blind Equipment Distribution Program (NDBEDP))
- EADL(s) which are required by law to be made by a landlord or other third-party (e.g. door opener)

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
E1399	Durable medical equipment, miscellaneous (when submitted for EADL)

Documentation Requirements:

1. Standard written Order (SWO)
2. Letter of Medical Necessity (LMN)
3. Manufacture's quote

REFERENCES:

1. Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment, 130 CMR 409.420 Accessed March 1, 2024. <https://www.mass.gov/doc/durable-medical-equipment-regulations/download>
2. Iezzoni LI, O’Day BR. 2006. More Than Ramps: A Guide to Improving Health Care Quality and Access for People With Disabilities. New York: Oxford University Press
3. Little R. Electronic aids for daily living. Phys Med Rehabil Clin N Am. 2010 Feb;21(1):33-42. doi: 10.1016/j.pmr.2009.07.008. PMID: 19951776.



Electronic Aids to Daily Living (EADL) Medical Necessity Guideline

4. Patricia Rigby MHSc , Stephen Ryan BEMSc et. Al. (2005) Impact of Electronic Aids to Daily Living on the Lives of Persons With Cervical Spinal Cord Injuries, *Assistive Technology*, 17:2, 89-97, DOI: [10.1080/10400435.2005.10132099](https://doi.org/10.1080/10400435.2005.10132099)
5. Rebecca Jamwal, Hannah K. Jarman, Eve Roseingrave, Jacinta Douglas & Dianne Winkler (2022) Smart home and communication technology for people with disability: a scoping review, *Disability and Rehabilitation: Assistive Technology*, 17:6, 624-644, DOI: [10.1080/17483107.2020.1818138](https://doi.org/10.1080/17483107.2020.1818138)
6. World Health Organization, [International Classification of Functioning, Disability and Health \(ICF\)](#) external icon. Geneva: 2001, WHO.
7. Institute of Medicine (US) Committee on Disability in America; Field MJ, Jette AM, editors. *The Future of Disability in America*. Washington (DC): National Academies Press (US); 2007. 9, Coverage of Assistive Technologies and Personal Assistive Services. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK11441/>

Disclaimer

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

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. 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).

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.

REVISION LOG:



Electronic Aids to Daily Living (EADL) Medical Necessity Guideline

REVISION DATE	DESCRIPTION
3/14/24	Template update. MNG not applicable to Medicare products. Determination of Need and Key Care Planning Considerations added to Clinical Coverage Criteria section.
12/31/23	Utilization Management Committee approval

APPROVALS:

David Mello

Senior Medical Director, Utilization Review
and Medical Policy

CCA Senior Clinical Lead [Print]

Title [Print]

David Mello

3/14/24

Signature

Date

CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date

Nazlim Hagmann

Chief Medical Officer

CCA CMO or Designee [Print]

Title [Print]

Nazlim Hagmann

3/14/24