



## Electronic Aids to Daily Living (EADL) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Electronic Aids to Daily Living (EADL)		
<b>MNG #: 070</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D- SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Original Approval Date:</b> 6/3/2021	<b>Effective Date:</b> 1/1/2025; 5/22/2025
<b>Last Revised Date:</b> 3/14/2024; 1/9/2025; 4/10/2025	<b>Next Annual Review Date:</b> 6/3/2022; 3/14/2025; 1/9/2026	<b>Retire Date:</b>

### 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:

CCA may authorize coverage of Electronic Aid(s) to Daily Living (EADL) when all of 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. Will reduce or eliminate the need for personal assistance to the 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 the most appropriate and cost-effective solution to the provision of independent member control of applicable device(s).



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### LIMITATIONS/EXCLUSIONS:

CCA does not cover EADL in any of the following scenarios:

1. Member is able to access their environment without assistance or modification.
2. Request is for convenience purposes only.
3. Duplication of equipment that member currently utilizes to meet their needs, and current equipment is in good working order.
4. There is a less costly alternative to meet member's needs.
5. The EADL cannot reasonably be expected to make a meaningful contribution to the treatment of or accommodation to member's illness or injury.
6. 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)].
7. 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 Office on Disability - Disability Rights in Housing. Last Updated September 11, 2024. Accessed 12/20/2024. <https://www.mass.gov/info-details/disability-rights-in-housing#tips-on-requesting-a-reasonable-accommodation/reasonable-modification->
2. Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment, 130 CMR 409.420. Mass. Register #1494, 4/28/2023. Accessed December 20, 2024. <https://www.mass.gov/doc/130-cmr-409-durable-medical-equipment-services/download>
3. 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://pubmed.ncbi.nlm.nih.gov/32924660/>

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4. 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.  
<https://www.sciencedirect.com/science/article/abs/pii/S1047965109000564?via%3Dihub>
5. 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/>
6. 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. <https://academic.oup.com/book/5337>
7. Patricia Rigby MHSc, Stephen Ryan BESc 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. Abstract only without subscription.  
<https://pubmed.ncbi.nlm.nih.gov/16392713/#:~:text=Results%20show%20EADL%20users%20had,devices%2C%20which%20optimized%20their%20independence.>
8. World Health Organization, *International Classification of Functioning, Disability and Health (ICF)* external icon. Geneva: 2001, WHO. <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

### 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.



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### REVISION LOG:

REVISION DATE	DESCRIPTION
5/8/2025	Revised language per MH review: substituted "Will reduce or eliminate the need" in place of "Provide substitution" in Clinical Coverage 2c.
1/21/2025	Utilization Management Committee Approval
1/9/2025	Annual Review: Updated template and references; editorial updates.
6/25/2024	Utilization Management Committee Approval
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:

Stefan Topolski

CCA Senior Clinical Lead [Print]

Signature

Senior Medical Director

Title [Print]

5/8/2025

Date

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CCA CMO or Designee [Print]

Chief Medical Officer

Title [Print]

5/8/2025