



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 checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 6/3/2021	Last Annual Review Date:
Last Revised Date:	Next Annual Review Date: 6/3/2022	Retire Date:

OVERVIEW:

Electronic Aids to Daily Living (EADL) are electronic devices that provide members a means to access operate and control appliances or tools in their home, school or workplace. EADLs can be simple to complex and they enable a member to remain (or become) independent in their home. The simple devices could be a TV remote with large buttons, an extension cord with an additional switch which enables a member with limited dexterity to turn on lights/appliances or an X-10 system using infrared or radio frequency to control a single device such as lights or an electric door opener. The more complex systems control multiple devices, including lights, windows, HVAC, entertainment and audio-visual components from a central control unit.

DECISION GUIDELINES:

Clinical Eligibility: EADLs are provided for members with decreased function that inhibits their ability to independently control their electronic devices in their environment. These include but are not limited to Multiple Sclerosis, Quadriplegia, Muscular Dystrophy, CVA, ALS, Cerebral Palsy, Parkinson’s, Deaf and Hard of Hearing, and Blindness or Low vision.

Determination of need: To receive an EADL, members must demonstrate difficulty or inability to operate the usual and customary environmental controls within their environment (i.e. telephone use, turning on/off electrical items, operating the power functions of their bed, computers, opening/closing doors).

LIMITATIONS/EXCLUSIONS:

- Members who can access their environment without assistance or modification.
- Members who already have equipment that can meet their needs and it is in good working order.
- The member’s needs could be met with a less costly alternative.
- The equipment cannot reasonably be expected to make a meaningful contribution to the treatment of or accommodation to a member’s illness or injury.



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- Members who qualify for EADL under a different program such as the Massachusetts Equipment Distribution Program (access to telephone), or through their landlord for reasonable accommodations (door openers)

KEY CARE PLANNING CONSIDERATIONS:

The member will be evaluated by an occupational or physical therapist with expertise in the area of EADL and have a trial of the recommended equipment.

AUTHORIZATION:

Requires prior authorization after review of documentation by a physical or occupational therapist with expertise in the area of EASL supporting the member's need for the equipment including trial of functioning level, trial of requested equipment (or simulation of the requested equipment) and expected outcomes of having the equipment.

HCPC Code: These products do not have specific HCPC codes, E1399 is the code most used.

Documentation Requirements:

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

REGULATORY NOTES:

CCA applies Mass Health regulations as they are less restrictive than Medicare. CCA provides at least what Mass Health provides. Devices must be medically necessary.

According to Mass Health a service is "medically necessary" if:

1. It is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
2. There is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the Mass Health agency. Services that are less costly to the Mass Health agency include, but are not limited to, health care reasonably known by the provider, or identified by the Mass Health agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality.

RELATED REFERENCES:

- Mass Health; 130 CMR 450.204: Medical Necessity; 130CMR 428.402
- Definitions; 130CMR 409.402: Definitions; 130CMR 409.414 Non-covered services

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



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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.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

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Stephen Pelley

6/3/2021

Signature

Date

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6/3/2021