



Air Conditioners Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Air Conditioners		
MNG#: 049	<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"/> DSNP-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
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input checked="" type="checkbox"/>
Benefit Type: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 2/4/2021;	Effective Date: 5/22/2021;
Last Revised Date: 01/26/2022; 6/2/2022;	Next Annual Review Date: 2/4/2022; 01/26/2023; 6/2/2023;	Retire Date:

OVERVIEW:

CCA approves the purchase of a single 5000-8000 BTU 115-volt window mounted air conditioners for its members as a preventative therapy to reduce deterioration, exacerbation, or complication of pre-existing medical conditions. Avoidance of thermal risk and early recognition of heat stress are the cornerstones of preventive therapy.

One air conditioner of this size and type is sufficient for the clinical benefit for a qualifying member in their home. Members who do not feel that one air conditioner is sufficient are encouraged to use fans, doors, drapes, or a different location in order to benefit from the unit when one is provided.

Rates:

S5165

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 (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.

Air conditioners may be considered medically necessary for members with one or more of the following medical conditions:

1. COPD or other respiratory conditions such that extreme heat would likely cause medical exacerbation
2. Conditions that inhibit thermoregulation such as, but not limited to:
 - o Anhidrosis (inability to sweat)



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- Neurological disorders, diseases, or trauma with thermoregulatory dysfunction such as but not limited to:
 - spinal cord injury
 - multiple sclerosis/ALS
 - cerebral palsy
 - heat reflex epilepsy
 - TBI
 - autonomic/diabetic neuropathy

Thermoregulation is defined as:

Thermoregulatory physiology sustains health by keeping body core temperature within a degree or two of 37 °C, which enables normal cellular function. Heat production and dissipation are dependent on a coordinated set of autonomic responses.

Hyperthermia, defined as a core temperature of > 40.5 °C, may present with sweating, flushing, tachycardia, fatigue, lightheadedness, headache, and paresthesia, progressing to weakness, muscle cramps, oliguria, nausea, agitation, hypotension, syncope, confusion, delirium, seizures, and coma.

The clinical feature that best differentiates heat stroke from heat exhaustion is a change in mental status. Management requires the immediate reduction of core temperature. Avoidance of thermal risk and early recognition of heat stress are the cornerstones of preventive therapy.

Hyperthermia (core temperature > 40.5 °C) are medical emergencies

Determination of need:

Air conditioners are a covered benefit for members determined to meet these medical necessity guidelines by their CCA care team and/or primary care physician.

LIMITATIONS/EXCLUSIONS:

- Wall mounted units are not a covered benefit
- Portable A/C units may be approved if a standard window unit cannot be installed, and the reason is clearly documented.
- The ordering provider must document that an air conditioner for room temperature and humidity regulation is required as part of a treatment plan for an existing medical condition and failure to provide this would result in severe exacerbation of a condition or risk to life.
- Air conditioners will not be provided as comfort measure only.
- Members are eligible only if air conditioners are not provided by housing management, and/or the member does not already have a functioning air conditioner.
- Coverage for eligible members is limited to one 5000-8000 BTU window mounted room air conditioner.



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KEY CARE PLANNING CONSIDERATIONS:

- Member's health would deteriorate without use of an air conditioner.
- Member risks medical emergency without use of an air conditioner.
- Member has a history of exacerbations and/or ED visits as a result of hyperthermia or respiratory distress (or difficulty).
- If provider does not have the capability to offer an installation the member must have the ability to install the AC unit.
- Member does not have any other way to obtain an air conditioner.
- Requesting provider must include the dimensions of the window opening (width x height) so that the proper air conditioner size is authorized.

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).

Requires prior authorization. The CCA care team must document the need for the air conditioner OR letter of medical necessity from PCP. The vendor must submit the medical necessity, manufacturer's quote and vendor quote for prior authorization (unless stated otherwise in provider contract).

Documentation Requirements:

- Standard Written order
- Invoice showing AAC Plus

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.

This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

MassHealth: 130 CMR 450.204: Medical Necessity
MassHealth: 130 CMR 428.402: Definitions



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MassHealth: 130 CMR 409.402: Definitions
 MassHealth: 130 CMR 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 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.

RELATED REFERENCES:

- <https://www.sciencedirect.com/science/article/pii/S1566070216300017>

REVISION LOG:

REVISION DATE	DESCRIPTION
6/10/2022	Template changed to include PA requirements and benefit type. Regulatory notes added.

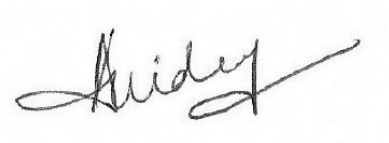
APPROVALS:

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Signature

2/4/2021

Date

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[Handwritten Signature]

2/4/2021

Signature

Date

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CCA CMO or Designee [Print]

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2/4/2021

Signature

Date