

Special Medical Equipment

Special Medical Equipment and supplies to include Ceiling or Wall Mounted Patient Lift, Track System, tub slider system, rolling shower chair and/or Automatic Door Opener, which address member functional limitations and enable members to increase their ability to perform activities of daily living. Excluded are those items that are not of direct medical or remedial benefit to the member. All items shall meet applicable standards of manufacture, design and installation. These items must meet the definition of Durable Medical Equipment and Medical Necessity.

Provision of Special Medical Equipment requires prior approval on an individual basis by EOHHS and a home assessment completed by a specially trained and certified rehabilitation professional. Items should be of a nature that they are transferable if a member moves from his/her place of residence. Excluded are any re-modeling, construction, or structural changes to the home, (i.e. changes in load bearing walls or structures that would require a structural engineer, architect and /or certification by a building inspector.)

A. Coverage Guidelines

- Equipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.
- All items require Prior Authorization by EOHHS and require a physician's order.
- Ceiling or Wall Mounted Patient Lifts and Track Systems
 - O Must be documented as the most cost-effective method to meet the member's needs.
 - O A Patient Lift will be considered for use in one bedroom and/or one bathroom.
 - O A Track System is limited to connecting one bedroom and one bathroom.
 - O Excluded are any re-modeling, construction, or structural changes to the home, (i.e. changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.
- Rolling shower chair/Tub Slider System
 - O Item must have a functional expectancy of a minimum of five (5) years.

- O Must be documented as the most cost-effective method to meet the member's needs.
- Automatic Door Openers, adapted switches and buttons to operate equipment, and environmental controls, such as heat, air conditioning and lights may be approved for a member who lives alone or is without a caregiver for a major portion of the day.
- Repairs or Modifications to equipment purchased under this definition are an allowable expense.
- Items not listed above may be acquired subject to Prior Authorization from EOHHS, Office of Durable Medical Equipment. Determinations will be based on the individual's unique circumstances as they apply to the current service definitions, policies and regulations.

B. Special Considerations:

An Assessment for Special Medical Equipment is required to determine the most appropriate and cost-effective service requested.

This assessment must be completed by a specially trained and certified rehabilitation professional. Individuals conducting such assessments may include:

- Licensed Physical, Occupational Therapists experienced in Home and Community Based services
- Assistive Technology Professionals (ATP), certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA An assistive technology professional is a service provider who analyzes the needs of individuals with disabilities, assists in the selection of the appropriate equipment, and trains the consumer on how to properly use the specific equipment.)

Each Medicaid member requiring Special Medical Equipment and/or Home Modifications totaling more than \$20,000 combined over a five-year period will be subject to second level EOHHS review. Five-year period is determined from the date of delivery of the initial funded service.

Items are billable under the appropriate HCPCS code. If no code available, use A9999.