

Neuromuscular Electrical Stimulator and Functional Electrical Stimulators

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Purpose:

This policy addresses Miscellaneous Assistive Devices for Home Use.

Description & Definitions:

An assistive device is equipment that can be used in the home to assist with activities of daily living to improve or maintain quality of life.

Criteria:

Miscellaneous Assistive Devices for Home Use are considered medically necessary for **1 or more** of the following:

- Miscellaneous assistive devices such as **one or more of the following**:
 - One Bath chair in 36 months
 - One Bath bench or tub stool in 36 months
 - Footrests with commode, no more than 2 in 36 months
 - One Raised toilet seat in 36 months
 - One Shower Chair in 36 months
 - **Bathing system** with **ALL of the following**:
 - Special bathing systems may be approved by the medical director under individual consideration.
 - **Paraffin bath unit** with **ALL of the following**:
 - Individual has undergone successful trial period of paraffin therapy ordered by physician.
 - Individual's condition is expected to be relieved by long-term use of this modality.

- Certain items may be approved through the Commonwealth Coordinated Care Plus Waiver Services with **ALL of the following**:
 - Advisement from Medical Director for environmental modification
 - Assistive devices such as **one or more of the following**:
 - Grab bars
 - Grabbers or reachers

The following Miscellaneous Assistive Devices for Home Use **do not meet the definition of medical necessity**, to include but not limited to:

- Bathmats
- Electric Infrared Heating Devices (i.e. pads, mats, etc.)
- Hand-held shower devices
- Saunas
- Spas
- The Freedom Concepts Chill-Out Chair
- Toilet rails

Coding:

Medically necessary with criteria:

Coding	Description
A4265	Paraffin, per pound
E0163	Commode chair, mobile or stationary, with fixed arms
E0167	Pail or pan for use with commode chair, replacement only
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
E0175	Footrest, for use with commode chair, each
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0240	Bath/shower chair, with or without wheels, any size
E0241	Bathtub wall rail, each
E0242	Bathtub rail, floor base
E0244	Raised toilet seat
E0245	Tub stool or bench
E2046	Transfer tub rail attachment
E1300	Whirlpool, portable (overtub type)
E1310	Whirlpool, nonportable (built-in type) (Medicare only)
K1003	Whirlpool tub, walk in, portable

Considered Not Medically Necessary:

Coding	Description
A4639	Replacement pad for infrared heating pad system, each
E0221	Infrared heating pad system
E0243	Toilet rail, each

Document History:

Revised Dates:

- 2023: July
- 2022: September
- 2020: October

- 2019: September
- 2015: January, March, August, December
- 2014: October
- 2013: November

Reviewed Dates:

- 2023: September
- 2021: October
- 2018: April
- 2017: January
- 2015: July

Effective Date:

- June 2013

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Aug 11, 2023, from HAYES:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Infrared%2520Heating%2520Pad%2520Systems%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all>

(2023). Retrieved Aug 11, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Aug 14, 2023, from UpToDate:

https://www.uptodate.com/contents/search?search=assitive%20devices%20for%20home%20use&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autoComplete=false&language=&max=0&index=&autoCompleteTerm=&rawSentence=

DME Manual - Appendix B. (2023, Jan). Retrieved Aug 11, 2023, from DMAS DME: <https://www.dmas.virginia.gov/providers/long-term-care/services/durable-medical-equipment/>

Paraffin Wax Bath. (2023). Retrieved Aug 14, 2023, from American Society for Surgery of the Hand: <https://www.assh.org/handcare/condition/paraffin-wax-bath>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect,

physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

Keywords:

SHP Miscellaneous Assistive Devices, Durable Medical Equipment 34, Bath chair, Bath benches, Bath stools, Bathmats, Bathing systems, Otter Bathing System, Rifton's Blue Wave bathing system, Electric Infrared Heating Devices, Footrests with commode, Grab bars, Grabbers, reachers, Hand-held shower devices, Mobile commode chairs, Paraffin baths, Raised toilet seat, Saunas, Shower Chair, Spas, Toilet rails, The Freedom Concepts Chill-Out Chair