

Miscellaneous Assistive Devices

for Home Use

Table of Content	Effective Date	06/2013
<u>Purpose</u> <u>Description & Definitions</u> <u>Criteria</u>	<u>Next Review Date</u>	07/2024
<u>Coding</u> <u>Document History</u>	Coverage Policy	DME 34
<u>References</u> <u>Special Notes</u> <u>Keywords</u>	<u>Version</u>	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

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:

The following **do not** meet the definition of medical necessity, to include but not limited to:

- Bath benches
- Bath chair
- Bath stools
- Bathing systems (e.g., Otter Bathing System, Rifton's Blue Wave bathing system)
- Bathmats
- Electric Infrared Heating Devices (i.e. pads, mats, etc.)
- Footrests with commode
- Grab bars
- Grabbers or reachers
- Hand-held shower devices
- Paraffin baths
- Raised toilet seat
- Saunas
- Shower Chair
- Spas
- The Freedom Concepts Chill-Out Chair
- Toilet rails

• Whirlpool baths

Coding:

Medically necessary with criteria:

Medically nec	essary with criteria:
Coding	Description
	None
Considered N	ot Medically Necessary:
Coding	Description
A4265	Paraffin, per pound
A4639	Replacement pad for infrared heating pad system, each
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
E0221	Infrared heating pad system
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
E0243	Toilet rail, each
E0244	Raised toilet seat
E0245	Tub stool or bench
E1300	Whirlpool, portable (overtub type)
E1310	Whirlpool, nonportable (built-in type) (Medicare only)
K1003	Whirlpool tub, walk in, portable

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).

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

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https://www.uptodate.com/contents/search?search=assitive%20devices%20for%20home%20use&sp=0&searchType=PL AIN_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/for-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: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

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