



## Air Conditioners Medical Necessity Guideline

Medical Necessity Guideline: Air Conditioners		
<b>MNG #: 049</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI) <input type="checkbox"/> CCA Medicare Excel (HMO POS) (MI) <input type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (MI) <input type="checkbox"/> CCA Medicare Excel (HMO) (CA)	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> <b>Yes (always required)</b> <input type="checkbox"/> <b>Yes (only in certain situations. See this MNG for details)</b> <input type="checkbox"/> <b>No</b>
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 2/4/2021	<b>Effective Date:</b> 5/22/2021
<b>Last Revised Date:</b> 01/26/2022; 6/2/2022; 4/11/2024	<b>Next Annual Review Date:</b> 2/4/2022; 01/26/2023; 6/2/2023; 4/11/2025	<b>Retire Date:</b>

**OVERVIEW:** Several medical conditions are associated with greater heat-related morbidity and mortality. These include cardiovascular disease, chronic obstructive pulmonary disease, asthma, chronic kidney disease and preexisting psychiatric illness. Adequate hydration and wearing light colored and loose-fitting clothing can have a protective effect against the negative impact of severe heat and play an important role in reduction of heat-related morbidity/mortality risks. While not explicitly designed as a medical device and although direct evidence is still limited, air conditioning may also protect against the negative impact of severe heat.

**DECISION GUIDELINES:**

CCA may approve the purchase of a single 5000-8000 BTU 115-volt window mounted air conditioner. Prior authorization is required.

**Clinical Coverage Criteria:**

CCA may authorize ONE air conditioner when the primary purpose is to reduce the risk of heat-related morbidity/mortality and the following criteria are met:

1. Member has a pre-existing medical condition associated with greater risk of heat-related morbidity and mortality. Conditions include, but are not limited to the following:
  - o Cardiovascular disease



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- Chronic obstructive pulmonary disease
  - Asthma
  - Chronic kidney disease
  - Preexisting psychiatric illness; **or**
2. Member has a condition that inhibits thermoregulation and increases the risk of heat-related illness. Conditions include, but are not limited to:
- Anhidrosis (inability to sweat)
  - Neurological disorders, diseases, or trauma with thermoregulatory dysfunction, including but not limited to:
    - Spinal cord injury
    - Multiple sclerosis/ALS
    - Cerebral palsy
    - Heat reflex epilepsy
    - Traumatic brain injury
    - Autonomic/diabetic neuropathy; **or**
3. Member has a history of exacerbations and/or emergency department visits as a result of hyperthermia or respiratory distress (or difficulty); **AND**
4. Documentation from ordering provider that an air conditioner for room temperature and humidity regulation is required as part of a treatment plan for a pre-existing medical condition and failure to provide air conditioner would result in severe exacerbation of a condition or risk to life.
5. One portable A/C unit may be approved if a standard window unit cannot be installed when Clinical Coverage Criteria are met, and the reason is clearly documented. Member's environment must allow for proper venting of portable A/C unit.

### **LIMITATIONS/EXCLUSIONS:**

CCA does not cover air conditioner when:

- Air conditioner is for use as comfort measure only.
- Air conditioner is provided in member's residence by a landlord, housing authority or other responsible third-party.
- Member has an air conditioner in good-working order.

Limitations:

- Coverage for eligible members is limited to one 5000-8000 BTU window mounted room air conditioner or one portable A/C unit.
- **NOTE:** CCA does not cover installation of authorized air conditioner. Member must have the ability to install the A/C unit.
- Wall mounted A/C units are not covered as there are less costly A/C alternatives.



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### **CODING:**

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
S5165	Home modifications, per service

### **Documentation Requirements:**

- Standard Written order
- Vendor quote, invoice
- Adjusted Acquisition Cost (AAC) Dimensions of the window opening (width x height) so that the proper air conditioner size is authorized.

### **Disclaimer**

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, 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. 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.

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. 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).

This Medical Necessity Guideline is not a rigid rule. As with all 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.



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### REVISION LOG:

REVISION DATE	DESCRIPTION
4/11/24	Template update. Chronic kidney disease and preexisting psychiatric illness added to list of conditions. Language clarification regarding coverage of portable A/C unit



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**APPROVALS:**

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4/11/2024

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**Signature**

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4/11/2024

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