

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 28, 2021

Teresa D. Miller, Secretary  
Department of Human Services  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) 20-0011

Dear Secretary Miller:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0011. This amendment proposes to provide Medicaid coverage of durable medical equipment to support beneficiaries' mobility-related activities of daily living.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.70. This letter is to inform you that Pennsylvania's Medicaid SPA Transmittal Number 20-0011 is approved effective April 1, 2020.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'James G. Scott', is positioned to the left of the digital signature block.

Digitally signed by James  
G. Scott -S  
Date: 2021.04.28  
18:58:35 -05'00'

James G. Scott, Director  
Division of Program Operations

cc: Sally Kozak  
Eve Lickers  
Lacey Gates

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SERVICES

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**7. Home Health Services (42 CFR 440.70) (continued)**

**7c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at §440.70(c)(1). (42 CFR 440.70(b)(3))**

Wheelchair lifts, stair glides, ceiling lifts, metal accessibility ramps and other items that are used by a beneficiary with a mobility impairment to enter and exit the home or to support activities of daily living; and are removeable or reusable without damage to the item. Coverage includes installation.

1. Installation of the medical equipment and appliances includes, but is not limited to:
  - a. Parts or supplies provided or recommended by the manufacturer for attaching or mounting the item to the surface at the home or residence
  - b. Labor to attach or mount the item to a surface per the manufacturer's installation guide
  - c. Required permits
  - d. Installing an electrical outlet or connection to an existing electrical source
  - e. Pouring a concrete foundation (slab) according to the manufacturer's instructions (which may include leveling the ground under the concrete foundation)
  - f. External supports, such as bracing a wall
  - g. Removing a portion of an existing railing or bannister only as needed to accommodate the equipment

Limitations

1. Prior authorization is required for rental of all medical appliances or equipment for periods exceeding six (6) months. The Department also requires prior authorization for some rental of medical appliances or equipment for periods of less than six (6) months.
2. In the event that a beneficiary is in the immediate need of a service or an item requiring prior authorization, and the situation is an emergency, the prescriber may indicate that the prescription be filled by the provider before submitting the prior authorization form.
3. Prior authorization is required for the purchase of all appliances or equipment if the appliance or equipment costs more than six hundred dollars (\$600). The Department also requires prior authorization for the purchase of some appliances or equipment that cost less than six hundred dollars (\$600).
4. Home modifications are not covered. Home modifications include:
  - a. Modifications to the home or place of residence
  - b. Repairs of the home, including repairs caused by the installation, use, or removal of the medical equipment or appliance; and
  - c. Changes to the internal or external infrastructure of the home or residence including:
    - i. Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor
    - ii. Constructing retaining walls or footers for a retaining wall
    - iii. Installation of or modification of a deck
    - iv. Installation of a driveway or sidewalk
    - v. Upgrading the electrical system
    - vi. Plumbing
    - vii. Ventilation or HVAC work
    - viii. Widening a doorway
    - ix. Drywall

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SERVICES

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**7. Home Health Services (42 CFR 440.70) (continued)**

**7c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at §440.70(c)(1). (42 CFR 440.70(b)(3)) (continued)**

- x. Painting
- xi. Installation of flooring
- xii. Tile work
- xiii. Demolition of existing property or structure.

Limitations for oxygen and related equipment

1. Beneficiaries must have had a comprehensive cardiopulmonary evaluation that resulted in an established diagnosis of the cause of the respiratory disability.
2. Prior approval is required for initial prescriptions for oxygen and related equipment unless the physician has certified that the beneficiary is adequately prepared to use oxygen equipment and the physical surroundings in the home are suitable to its use. Prior authorization is not required after forty-five (45) days of continued use if prescribed by a physician.
3. The physician must recertify orders for oxygen at least every six (6) months.

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TN No. 20-0011  
Supersedes  
TN No. New

Approval Date April 26, 2021

Effective Date April 1, 2020