

Medical Policy

Home Accessibility Adaptations

Policy Number: 105

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	One Care	Senior Care Options (SCO)
Authorization Required					X
No Prior Authorization					
Not covered	X	X	X	X	

Overview

This document describes the guidelines Mass General Brigham Health Plan uses to determine medical necessity for home accessibility modifications, also known as environmental accessibility adaptations.

Criteria (SCO only)

Mass General Brigham Health Plan covers home accessibility adaptations such as ramps, grab bars, widening of doorways, automatic door openers, roll-in showers, flashers for fire alarms, or special systems for medical equipment when the member meets all of the criteria below.

1. The member has a documented medical, cognitive, or physical condition that impairs their ability to undertake tasks to increase their independence; and
2. The member has completed a comprehensive in-home assessment within 90 days of requesting the service; and
3. The member is able to offer proof of homeownership or lease of property, or approval from the landlord for the modifications; and
4. The requested adaptations meet all of the below:
 - a. Are included in the member's individualized plan of care; and
 - b. Are necessary for the member to function independently in their home; and
 - c. Will be made in accordance with applicable state and local building codes; and
 - d. Are not the responsibility of the landlord or other third party.

Exclusions:

1. The member does not meet all of the eligibility criteria described above.
2. The work began before the member's service plan was developed.
3. The modifications are being provided to an individual other than the eligible member.
4. The requested adaptations are solely to bring a substandard dwelling up to minimum standards.
5. The requested adaptations are of general utility, and are not of direct medical or remedial benefit to the member.

6. The requested adaptations will add to the square footage of the home, unless the additional square footage is necessary to complete an adaptation, such as improving entrance and egress from the home or accommodating a wheelchair in a bathroom.
7. The requested adaptations are “reasonable accommodations,” and the landlord is required by law to make and pay for reasonable accommodations, including in public housing, in a publicly subsidized private building, or in a building with 10 or more units, or in contiguously located housing consisting of 10 or more units.
8. The member is a resident or inpatient of a hospital, nursing facility, Intermediate Care Facility for Individuals with Intellectual Disability, or any other medical facility subject to state licensure or certification.
9. The member is receiving duplicative services paid for by MassHealth or a third-party organization.
10. The modifications are to be performed by agencies and/or individuals who do not possess appropriate licenses/certifications required by the state (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber’s License, etc.)

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, CMS had no guidelines for home accessibility adaptations relevant to Medicare Advantage members.**

Mass General Brigham ACO Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham’s most recent policy review, MassHealth had no guidelines or regulations for home accessibility adaptations relevant to Mass General Brigham ACO members.**

One Care and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, CMS had no guidelines for home accessibility adaptations, and MassHealth had the following regulation, which did not include medical necessity guidelines:**

- [130 CMR 630.000: Home- and Community-Based Services Waiver Services Manual](#)
- [651 CMR 3.00: Home Care Program](#)

Codes



The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
S5165	Home modifications; per service

Related Policies:

- [Adult Day Health](#)
- [Adult Foster Care](#)
- [Day Habilitation](#)
- [Definition of Skilled Care](#)
- [Group Adult Foster Care](#)
- [Home Health Care](#)
- [Long Term Services and Supports](#)
- [Personal Care Attendant and Personal Care Management Agency Services](#)
- [Supportive Day Program](#)
- [Transitional Assistance Services](#)

Effective Dates

January 2026: Effective date.

References

101 CMR 359.000: Rates for Home and Community-Based Services Waivers. <https://www.mass.gov/doc/rates-for-home-and-community-based-services-waivers-effective-july-1-2023-0/download>.

130 CMR 630.000 Home- and Community-Based Services Waiver Services Manual. <https://www.mass.gov/doc/home-and-community-based-services-waivers-regulations-1/download>.

651 CMR 3.00: Home Care Program. <https://www.mass.gov/doc/651-cmr-3-home-care-program/download>.

Frail Elder Waiver: information for applicants and participants. <https://www.mass.gov/info-details/frail-elder-waiver-information-for-applicants-and-participants#ii-eligibility-criteria-for-the-frail-elder-waiver>.

MA Frail Elder Waiver (0059.R08.00). <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82036>.

M.G.L. ch. 151B, §4: Unlawful practices. <https://malegislature.gov/laws/generallaws/parti/titlexxi/chapter151b/section4>

Senior Care Options Contract, Appendix R

