

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Bathroom Equipment</b>
Initial Implementation Date:	April 11, 2017
Last Review Date:	June 2024
Effective Date:	June 19, 2024
Next Review/Revision Date:	June 2027
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <span style="float: right;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Commode Chair</b> – A portable toilet that may be medically necessary when a patient is unable to use standard bathroom facilities. An extra-wide, heavy-duty commode chair has a width greater than or equal to 23 inches and is capable of supporting a patient who weighs more than 300 pounds.</p> <p><b>Durable Medical Equipment (DME)</b> - Items designed for and able to withstand repeated use. The items are primarily and customarily used for a medical purpose to address medical conditions that require their use. The items are generally appropriate for use in the home and are non-disposable.</p>	
<b>Description</b>	
DME that is used for bathing and toileting may be considered primarily medical in nature if used in the presence of an illness and/or injury and if it is necessary for activities of daily living that are essential to health and personal hygiene.	
<b>CPT Codes Covered Requiring Prior Authorization (PA)</b>	
<b>E0160, E0161, E0162, E0163, E0165, E0167, E0168, E0170, E0171, E0172, E0175            E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248            E0625, E0627, E0629, E1399</b> Refer to HCPCS for complete definition of codes.	
<b>Approval Criteria</b>	
<p><b>I. GENERAL</b></p> <p>A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service, in the most cost-effective manner, in accordance with the <b>OAC 317:30-3-1 (f)</b>.</p> <p>B. Documentation of medical necessity from a provider contracted with the Oklahoma Health Care Authority (OHCA), shall include <b>ALL</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Current written prescription for specific DME item which must contain <b>ALL</b> of the following:</li> </ol>	

- date of order; **AND**
  - name and address of the prescriber; **AND**
  - name and address of the member; **AND**
  - name or description and quantity of the prescribed item; **AND**
  - member's diagnosis for the item requested; **AND**
  - directions for use of the prescribed item; **AND**
  - signature of prescriber;
2. Letter of medical necessity detailing pertinent information relating to the members underlying diagnosis or condition causing the impairment. Letter shall include member's history, prognosis, medical justification for each item requested, thorough description of the benefit to the member, member is capable of transferring on and off recommended equipment with or without assistance, and home will accommodate recommended equipment.
  3. Product information: manufacturer's suggested retail price (MSRP) for each item requested which must include the member's name, RID number, and DME provider information (bulk invoice acceptable for non-complex off the shelf type equipment).

## II. INDICATIONS

Member must have impaired mobility or decreased independence requiring the assistance of adaptive equipment.

### A. Toilet Seat Lift Mechanism or Commode Chair with Integrated Seat Lift Mechanism

Commode chairs with nonelectric seat lift mechanisms may be covered with authorization for members who meet criteria for a commode but are unable to safely raise or lower themselves to use the commode.

Commode chairs with integrated electric seat lift mechanisms or seat lift mechanisms to be placed over the toilet may be covered with authorization. Documentation must establish **ALL** of the following:

1. The member is unable to safely and promptly access the toilet in the bathroom in the home because of a medical condition; **AND**
2. The member is unable to safely raise or lower themselves to use the toilet or commode; **AND**
3. A trial has shown that the seat lift mechanism will allow the member to independently use the toilet or commode, and that the item fits in the member's home; **AND**
4. Other less costly ways to meet the member's needs (raised toilet seat, non-electric seat lift mechanism) have been considered; **AND**
5. The member has acknowledged that the increased independence offered by the seat lift mechanism may affect future requests for PCA or home care services; **AND**
6. Requests for authorization must address the member's ability to transfer onto or off of other furniture, caregiver availability to assist with transfers and transfer method used for toileting in the community.

### B. Bath Lift Equipment

Bath chairs that lower the member into the bathtub may be covered for members who are unable to safely access the bathtub in their home due to a medical condition. Providers should use the bath lift HCPCS code that most appropriately describes the item, not a miscellaneous code. Documentation must establish **ALL** of the following:

1. The member is unable to safely access the bathtub in the home due to a medical condition; **AND**
2. The specific medical conditions that requires the member to be lowered into the bathtub to soak in the water rather than using a bath or shower chair for a shower; **AND**

3. The member's living arrangement and caregiver status; **AND**
4. The requested equipment is appropriate to the member's height and weight; **AND**
5. A trial has shown that the requested equipment will fit in the member's bathtub and can safely meet all of the member's bathing needs; **AND**
6. Details about the member's current equipment, and why it is no longer meeting the member's needs; **AND**
7. Other related equipment in use (mobility device, patient lift, or similar). Bath lift equipment may be considered a duplication of equipment if the member has another lift that can be used in the bathroom; **AND**
8. Other less-costly ways to meet the member's needs that have been considered and why they will not meet the member's needs. Include details including make and model of multiple less-costly items considered and rejected; **AND**
9. Evaluation by a physical therapist or an occupational therapist, or another professional with experience evaluating bath and toilet equipment.

**C. Rehab Shower and Toileting Systems (RTS)**

Rehab shower and toileting systems may be covered for members who are unable to safely and promptly access the toilet or shower in the bathroom of their homes due to a medical condition, and who require significantly more positioning assistance than is available from a commode or shower chair. Providers should use the bath or shower chair HCPCS code that most appropriately describes the item when the equipment will be used in the shower or bath. Documentation must establish **ALL** of the following:

1. The member is unable to safely and promptly access the toilet or shower in the bathroom in the home because of a medical condition; **AND**
2. The specific medical conditions that makes a commode or shower chair unsafe, and how the requested item will address the member's medical conditions; **AND**
3. The amount of time the member will use the equipment daily; **AND**
4. The member's living arrangement and caregiver status; **AND**
5. The requested equipment is appropriate to the member's height and weight; **AND**
6. A trial has shown that the requested equipment will fit in all necessary areas of the member's home; **AND**
7. Details about the member's current equipment or how the member is currently bathing, and specific and detailed information about why it is no longer meeting the member's needs or cannot be repaired; **AND**
8. Other related equipment in use (mobility device, patient lift, or similar); **AND**
9. Other less-costly ways to meet the member's needs have been considered and why they will not meet the member's needs. Include make and model of multiple less-costly items considered and rejected; **AND**
10. Evaluation by a physical therapist or occupational therapist or other professional with experience evaluating bath and toilet equipment; **AND**
11. When tilt-in-space shower commode chairs or custom-molded seating is requested, additional documentation is required to support these options. The amount of time the member uses the equipment daily will be considered when evaluating the need for these options.

**D. FREQUENCY**

All DME has a life expectancy of at least 5 years.

**Additional Information**

- Bathroom and toilet equipment are purchased items and will not be available as rentals.

- Member must have impaired mobility or decreased independence requiring the assistance of adaptive equipment.
- Documentation that reflects “poor trunk control” may be pended to a PT consultant if needed.

#### References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1(f); 317:30-5, Part 17.
2. Aetna. Clinical Policy Bulletins. Medical Clinical Policy Bulletins. Bathroom and Toilet Equipment and Supplies. February 16, 2024. Retrieved from: [https://www.aetna.com/cpb/medical/data/400\\_499/0429.html](https://www.aetna.com/cpb/medical/data/400_499/0429.html)
3. Centene. Clinical Policy. Durable Medical Equipment and Orthotics and Prosthetics Guidelines. October, 2023. Retrieve from: <https://www.healthnet.com>clinical-policies>
4. Cigna. Medical Coverage Policy. Seat Lift Mechanisms, Patient Lifts and Standing Devices . May, 15, 2024. Retrieve from: [https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm\\_0343\\_coveragepositio ncriteria\\_seat\\_lift\\_mechanisms\\_patient\\_lifts.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0343_coveragepositio ncriteria_seat_lift_mechanisms_patient_lifts.pdf)
5. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Commodes – Policy Article (A52461). January 1, 2017.
6. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Commodes (L33736). January 1, 2017.
7. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination: Durable Medical Equipment Refence List (280.1). September 4, 2023.
8. Humana. Medical Coverage Policy. Durable Medical Equipment (DME). April 1, 2024. Retrieve from: [https://apps.humana.com/tad/tad\\_new/Search.aspx?sortfield=name&policyType=medical](https://apps.humana.com/tad/tad_new/Search.aspx?sortfield=name&policyType=medical)
9. United Healthcare of Oklahoma. Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-foot Orthotics) and Medical Supplies. Benefit Interpretation Policy. May 1, 2023. Retrieved from: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/signaturevalue-bip/dme-prosthetics-corrective-appliances-medical-supplies-common.pdf>