

Commodes

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1
Local Coverage Determination Policy	J- B/C
Revision Effective Date	For services performed on or after 02/01/16
Review/Revision Date	01/19, 10/18, 05/2018, 04/01/2017, 05/01/14, 02/01/11
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents. West Virginia Medicaid: See The Health Plan DME POS Authorization and Compensation Guide as coverage may vary.

COVERAGE GUIDELINES

A commode is covered when a member is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:

1. Confinement to a single room, or
2. Confinement to one level of the home and there is no toilet on that level, or
3. Confinement to the home and there is no toilet facility in the home.

An extra wide/heavy-duty commode chair (**E0168**) is covered for a member who weighs 300 lbs. or more. It is not covered if the member weighs less than 300 lbs.

A commode chair with detachable arms (**E0165**) is covered, if the detachable arms feature is necessary to facilitate transfers, or if the member has a body configuration that requires extra width.

Commode chair with seat lift mechanism (**E0170, E0171**) is covered if the member meets coverage guidelines for both a commode chair and a seat lift mechanism (refer to the policy on seat lift mechanisms). A commode chair with a seat lift mechanism is intended to allow the member to walk after standing; if the member can ambulate, and is capable of walking from the bed to the bathroom, the member would not meet guidelines for a commode chair, and a commode chair with seat mechanism would not be covered.

NONCOVERAGE STATEMENT

A raised toilet seat (**E0244**) is not covered. May be covered under West Virginia Medicaid with authorization.

A commode chair that is used as a raised toilet seat by positioning it over the toilet is not covered.

Toilet seat lift mechanisms (**E0172**) are not primarily medical in nature; therefore, do not meet the statutory definition of DME. They are not covered.

A footrest (**E0175**) is not covered because it is not medical in nature.

Bidets and bidet toilet seats are not covered. They are coded **A9270**.

REPAIR ,REPLACEMENT, AND REASONABLE USEFUL LIFETIME

Replacement due to loss, significant change in the member’s condition, or irreparable accidental damage, natural disaster, or burglary is covered, if the item is still medically necessary. The reason for the replacement must be provided with the precertification or claim submission if no precertification is required

See The Health Plan Compensation Guide for Reasonable Useful Lifetime.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ON FILE ISSUED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE
GY	ITEM OR SERVICE STATUTORILY EXCLUDED OR DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY.

KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET.
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HCPCS CODES

E0163	COMMODE CHAIR, MOBILE, OR STATIONARY WITH FIXED ARMS
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS
E0167	PAIL OR PAN FOR USE WITH A COMMODE CHAIR, REPLACEMENT ONLY
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH
E0170	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE
E0171	COMMODE CHAIR W/INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH
E0244	RAISED TOILET SEAT

There are no specific diagnoses that support medical necessity.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports. This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Precertification is required when supplies used are greater than the usual maximum quantity listed in above. There must be adequate, clear documentation in the medical record corroborating the medical necessity of this amount. This documentation is to be submitted with precertification.

PROVIDED WHILE MEMBER IN PART A FACILITY

Reimbursement for a commode provided to a member while the member is covered in a Part A facility is not separately billable.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

BILLING GUIDELINES

See The Health Plan Compensation Guide for Quantity limits.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
E0163	E0167
E0165	E0167
E0168	E0167
E0170	E0167, E0627, E0628, E0629
E0171	E0167, E0627, E0628, E0629

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

A commode with seat lift mechanism (**E0170, E0171**) is a free-standing device that has a commode pan and that has an integrated seat that can be raised with or without a forward tilt while the patient is seated. An integrated device is one which is sold as a unit by the manufacturer and in which the lift and the commode cannot be separated without the use of tools.

A toilet seat lift mechanism is a device with a seat that can be raised with or without a forward tilt while the patient is seated, allowing the patient to stand and ambulate once he/she is in an upright position. It may be manually operated or electric. It is attached to the toilet. These devices are coded as **E0172**.

A raised toilet seat (**E0244**) is a device that adds height to the toilet seat. It is either fixed height or adjustable. It is either attached to the toilet or is unattached, resting on the bowl. (**Note:** A free-standing raised toilet seat supported by legs on the floor is coded as a commode.)

Extra wide/heavy-duty commode chairs (**E0168**) have a width of greater than or equal to 23 in. and are also capable of supporting a patient who weighs 300 lbs. or more.

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INTERNET LINKS AND SOURCES

National Government Services Local Coverage Determination Policy. Commodes. LCD L27225 and Article A47057. Internet Website. Last accessed 10/25/18. Retrieved from: ngsmedicare.com

CMS.gov. Centers for Medicare and Medicaid. Internet website. Last accessed 10/25/18. Retrieved from: <https://www.cms.gov/medicare-coverage-database/indexes/lcd->

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The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 10/25/18. Retrieved from: <https://www.dmepdac.com/dmecsapp/>

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 10/25/18. Retrieved from: dhhr.wv.gov/bms/Pages/default.aspx

Face-to-Face Examination and Prescription Requirements Prior to the Delivery of Certain DME Items Specified in the Affordable Care Act DME MAC Joint Publication. Posted February 20, 2014. Last accessed 10/25/18. Retrieved from: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/downloads/face-to-face-requirement-powerpoint.pdf>

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11