

## Medical Policy



### Bathroom Aids: Bathtub Transfer Bench, Bathtub Seat, Bath/Shower Chair

#### ▼Description

Accessory equipment utilized in the bathroom that increases comfort of use, includes items such as bathtub lifts, bathtub seats, tub rails, tub chairs, etc.

#### ▼Policy

Bathroom aids are considered reasonable and necessary for members if the bathroom aid is primarily medical in nature, not normally for use in the absence of illness or injury, and if it is necessary for daily activities related to health and personal hygiene. Bathing and toileting are among the activities of daily living considered essential to health and personal hygiene.

See Commode policy for additional items.

Coverage Criteria:

Bathtub seats (bath bench, tub chair, bath/shower chair/bench are considered reasonable and necessary if the member is unable to bathe/shower without being seated.

Tub transfer bench, Bathtub transfer board are considered reasonable and necessary if the member is unable to transfer to and from tub.

#### ▼HCPCS Level II Codes and Description

E0240	Bath/shower chair, with or without wheels, any size
E0241	Bathtub wall rail, each
E0242	Bathtub rail, floor base
E0243	Toilet rail, each
E0245	Tub stool or bench
E0246	Transfer tub rail attachment
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening
E0625	Patient lift, bathroom or toilet, not otherwise classified

## ▼ Important Note

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

## ▼ References

1. Aetna: Bathroom and Toilet Equipment and Supplies 2006.  
[http://www.aetna.com/cpb/medical/data/400\\_499/0429.html](http://www.aetna.com/cpb/medical/data/400_499/0429.html) (accessed 11-19-2018)
2. Bonifazi WL. Testing the water. Tubs and showers are getting better, but there is room for improvement. *Contemp Longterm Care*. 1999;22(3):50-51, 54, 56.
3. Queally M. Safety first at bathtime. *Elder Care*. 1993;5(4):22-23.
4. Walk EE, Himel HN, Batra EK, et al. Aquatic access for the disabled. *J Burn Care Rehabil*. 1992;13(3):356-363.

5. Fader M. Continence. From wheelchairs to toilet. Nurs Times. 1994;90(15):76-80.

#### Applicable URAC Standard

Core 8	Staff operational tools and support
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#### Change/ Authorization History

Revision Number	Date	Description of Change	Prepared / Approved by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008
02	12-04-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.09
03	11-19-10	Annual review – no changes	Susan Glomb	Ken Fasse	Nov.10
04	05-12-11	Policy updated to reflect current practice.	Susan Glomb	Dr. B. Almasri	
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
06	12-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011
07	11-27-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-30-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015
11	11-29-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016

12	11-29-2016	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
13	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
14	11-19-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2018