Medical Policy

Commode

Description

A **commode** is a movable or stationary (toilet) used when the individual is physically incapable of utilizing regular toilet facilities.

A **raised toilet** seat is a device that adds height to the toilet seat.

Policy

A **commode** is considered reasonable and necessary when the Member is physically incapable of utilizing regular toilet facilities.

A **raised toilet seat** is considered reasonable and necessary when the member is unable to rise from toilet seat without assistance.

A **foot rest** (E0175) is considered not reasonable and necessary because it is not medical in nature.

Bidets and **bidet toilet seats** are considered not reasonable and necessary because they are not primarily medical in nature.

Policy Guidelines

A **commode** is considered reasonable and necessary when meeting the following coverage criteria:

1. Must be ordered by the Member's treating physician.
2. The Member is confined to a single room, or
3. The Member is confined to one level of the home environment and there is no toilet on that level, or
4. The Member is confined to the home and there are not facilities in the home.

Limitations:

1. An extra wide/heavy duty commode chair (E0168) is covered for a Member who weighs 300 pounds or more.
2. If an E0168 commode is ordered and the member does not weigh more than 300 pounds, it will be denied as not reasonable and necessary.
3. A commode chair with detachable arms (E0165) is covered if the detachable arms feature is necessary to facilitate transferring the Member

or if the Member has a body configuration that requires extra width. If coverage criteria are not met payment will be denied as not reasonable and necessary.

Commode chair with seat lift mechanism (E0170, E0171) is covered if the Member has medical necessity for a commode and meets the coverage criteria for a seat lift mechanism. However, a commode with seat lift mechanism is intended to allow the Member to walk after standing. If the Member can ambulate, he/she would rarely meet the coverage criterion for a commode.
A **raised toilet seat** is considered reasonable and necessary when meeting the following coverage criteria:

1. Must be ordered by the member's treating physician; and
2. Member is unable to rise from toilet seat without assistance.

HCPCS Level II Codes and Description

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 COMMODE CHAIR, REPLACEMENT ONLY.
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH *Extra wide/heavy duty commode chairs have a width of greater than or equal to 23 inches and are also capable of supporting a Member who weighs 300 pounds of more.*
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE *A commode with seat lift mechanism 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.*
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE *A commode with seat lift mechanism 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.*
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

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

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

CGS Administrators, Inc. Jurisdiction B DME MAC, Commode. Local Coverage Determination No. L33736; revised date October 1, 2015. Reviewed December 2017.

Aetna: Bathroom and Toilet Equipment and Supplies 2006. http://www.aetna.com/cpb/medical/data/400_499/0429.html (accessed 12-08-2011)

Applicable URAC Standard

Core 8	Staff operational tools and support

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01	01-01-07	Added HCPC code E0244 to exclusions	Rosanne Brugnoni	Ken Fasse	n/a
02		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008
03	12-4-09	Policy updated. Annual Review.	Susan Glomb	Ken Fasse	12-2009
04	11-19-10	Annual Review – No changes.	Susan Glomb	Ken Fasse	Nov.10
05	01-05-11	Deleted: Least costly alternative language for code E0168	Susan Glomb	Dr. B. Almasri	
06	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	11-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
07	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
08	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-23-15	Annual Review. Updated Medicare LCD reference.	Lisa Wojno	Dr. B. Almasri	November 2015
11	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
12	12-06-17	Annual Review. Updated name of DME MAC reference.	Lisa Wojno	Dr. C. Lerchin	December 2017
13	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018