

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.

Policy Guidelines

Medicare Member Coverage Criteria:

Refer to Medicare's medical policy (L33736) and article (A52461) for coverage criteria.

Non-Medicare Member Coverage Criteria:

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

1. Must be ordered by the member's treating practitioner.
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 no facilities in the home.

For non-Medicare members, a **raised toilet seat** is considered reasonable and necessary when meeting the following coverage criteria:

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

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

Bidets and **bidet toilet seats** are noncovered because they are not primarily medical in nature.

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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.

A **commode chair with seat lift mechanism** (E0170, E0171) is considered reasonable and necessary if the member meets the medical necessity criteria for a commode and meets the coverage criteria for a seat lift mechanism (see Northwood Seat Lift Mechanism Policy). However, a commode with a 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.

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 or 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

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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 FOOTREST, FOR USE WITH COMMODOE 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 practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local coverage Determinations (LCD), as applicable.

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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. Last accessed/reviewed 11-8-23.

Aetna: Bathroom and Toilet Equipment and Supplies 2006.
http://www.aetna.com/cpb/medical/data/400_499/0429.html
Last accessed and reviewed 11-8-23.

Change/Authorization History

| Revision Number | Date | Description of Change | Prepared / Reviewed by | Approved by | Review Date: | Effective Date: |
|-----------------|----------|---|------------------------|----------------|--------------|-----------------|
| A | 11-20-06 | Initial Release | Rosanne Brugnani | Ken Fasse | n/a | |
| 01 | 01-01-07 | Added HCPC code E0244 to exclusions | Rosanne Brugnani | 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 | 04-03-12 | Added reference to NH Medicaid | Susan Glomb | Dr. B. Almasri | | |

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| 08 | 11-28-12 | Annual Review – No changes | Susan Glomb | Dr. B. Almasri | Nov 12 | |
| 09 | 12-18-13 | Annual review. No changes | Susan Glomb | Dr. B. Almasri | | |
| 10 | 11-24-14 | Annual Review. No changes | Susan Glomb | Dr. B. Almasri | | |
| 11 | 11-22-15 | Annual Review. Updated policy to reflect Medicare and Non-Medicare coverage criteria. Updated Medicare LCD reference. | Lisa Wojno | Dr. B. Almasri | November 2015 | |
| 12 | 12-01-16 | Annual Review. No Changes. | Lisa Wojno | Dr. B. Almasri | December 2016 | |
| 13 | 12-06-17 | Annual Review. Updated the name of the DME MAC reference. | Lisa Wojno | Dr. C. Lerchin | December 2017 | |
| 14 | 11-30-18 | Annual Review. No Changes. | Lisa Wojno | Dr. C. Lerchin | November 2018 | |
| 15 | 11-18-19 | Annual Review. No Changes. | Carol Dimech | Dr. C. Lerchin | November 2019 | 11-18-19 |
| 16 | 11-6-20 | Annual review. Changed “treating physician” to “treating practitioner”. | Carol Dimech | Dr. C. Lerchin | November 6, 2020 | November 6, 2020 |
| 17 | 11-16-21 | Annual review. Added NCD/LCD verbiage to “Important Note”. | Carol Dimech/Susan Glomb | Dr. C. Lerchin | November 16,2021 | 11-16-21 |
| 18 | 11-4-22 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | 11-4-22 | 11-4-22 |
| 19 | 11-8-23 | Annual review. No policy criteria changes. | Carol Dimech | Dr. C. Lerchin | 11-8-23 | 11-8-23 |