

Medical Policy



Sitz Bath

Description

A sitz bath is a warm water bath taken in the sitting position that covers only the hips and buttocks. The water may contain medication. The bath is used to relieve pain and may be used to aid in healing.

Policy

A sitz bath is considered **reasonable and necessary** when the member has a perineal injury or infection and is ordered as part of a prescribed treatment regimen for use in the member's home.

HCPCS Level II Codes and Description

E0160	Sitz bath or equipment, portable, used with or without commode
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachments
E0162	Sitz bath chair

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.

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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.

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

References

Aetna: Bathroom and Toilet Equipment and Supplies
http://www.aetna.com/cpb/medical/data/400_499/0429.html Last accessed and reviewed 11-15-23.

Centers for Medicare and Medicaid Services, National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List. Last accessed and reviewed 11-15-23.

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 Brugnoni	Ken Fasse	n/a	
01	08-2007	Added more information to the policy and coverage criteria	Rosanne Brugnoni	Ken Fasse	n/a	
02		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
03	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
04	11-19-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Nov.2010	
05	12-07-	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	

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06	07-18-11	Policy updated with coverage information.	Susan Glomb	Dr. B. Almasri	07-18-11	
07	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
08	11-09-11	Annual Review. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Nov. 2011	
09	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
10	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
11	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
12	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
13	10-28-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	October 2015	
14	11-14-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
15	11-16-17	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
16	11-12-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
17	11-13-19	Annual Review. Updated reference link.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019

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18	11-06-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	
19	11-29-21	Annual Review. Added NCD reference accessed/reviewed. Also added NCD/LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 29, 2021	11-29-21
20	11-07-22	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 7, 2022	
21	11-15-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 15, 2023	11-15-23