

Medical Policy



Bathroom Aids: Bathtub Stool or Bench, Bathtub Transfer Bench

(For Security Health Plan of Wisconsin only)

This Bathroom Aids Policy is for Security Health Plan Medicare Advantage and D-SNP members only. Not for Security Health Plan of Wisconsin Commercial, Self-funded or Family Health Center members. Not for use by any other Commercial/Medicare/NH Medicaid Plan.

Description

Accessory equipment utilized in the bathroom for preventing potential health hazards or supporting the recovery of the member. Includes bathtub stools, bathtub benches and bathtub transfer benches.

Policy - Medical Coverage Criteria

- Must be medically necessary for preventing potential health hazards or supporting the recovery of the member.
- It must be able to withstand long-term and repeated use.
- Must be of use in the bathroom of the member's home.
- Is to be used for the member's bathroom needs only, not intended for use of others in the home.
- Member has a documented physical functional impairment or disability due to disease, trauma prior to therapeutic intervention and requires accommodation for basic activities of daily living (ADLS) that can be met by using the bathroom assist device.

Indications and Limitations of Coverage and/or Medical Appropriateness

- Member is unable to get in/out of the bath/shower independently and is unable to sit or stand in the bath/shower independently,
- Member has unstable gait or weakness of muscles causing issues while in the bathroom,
- Member has demonstrated the willingness and ability to use item(s).

Documentation Requirements

- Consult with physician to address items and current needs.
- Documentation to support the items, will meet the medical needs of individuals and they have the means to use alone or with minimal assistance from caregiver.

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- A prescription from the prescribing physician, PA or NP with documentation that supports/addresses medical necessity.
- If requested item is for members under the age of 18 years of age must address potential growth of items requested.

HCPCS Level II Codes and Description

E0245 Tub stool or bench

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

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.

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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

1. Aetna: Bathroom and Toilet Equipment and Supplies
http://www.aetna.com/cpb/medical/data/400_499/0429.html
Last accessed and reviewed 11-4-2024.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date
A	6-2-20	Initial release.	Carol Dimech	Dr. Cheryl Lerchin	n/a	6-2-20
1	11-5-20	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-5-20	11-5-20
2	11-5-21	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-5-21	11-5-21
3	11-12-21	Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	11-12-21	11-12-21
4	11-2-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-2-22	11-2-22
5	3-21-23	Added clarification stating this policy is for certain SHP lines of business only – see box on page 1.	Carol Dimech	Dr. C. Lerchin	3-21-23	3-21-23
6	11-1-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-1-23	11-1-23

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7	11-4-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-4-24	11-4-24
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