

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Bathroom Equipment</b>
Initial Implementation Date:	04/11/2017
Last Review Date:	02/07/2020
Effective Date:	02/10/2020
Next Review/Revision Date:	02/01/2023
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <span style="float: right;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Commode Chair</b> – A portable toilet that may be medically necessary when a patient is unable to use standard bathroom facilities. An extra-wide, heavy-duty commode chair has a width greater than or equal to 23 inches and is capable of supporting a patient who weighs more than 300 pounds.</p> <p><b>Durable Medical Equipment (DME)</b> - Items designed for and able to withstand repeated use. The items are primarily and customarily used for a medical purpose to address medical conditions that require their use. The items are generally appropriate for use in the home and are non-disposable.</p>	
<b>Description</b>	
DME that is used for bathing and toileting may be considered primarily medical in nature if used in the presence of an illness and/or injury and if it is necessary for activities of daily living that are considered to be essential to health and personal hygiene.	
<b>CPT Codes Covered Requiring Prior Authorization (PA)</b>	
<b>E0160, E0161, E0162, E0163, E0165, E0167, E0168, E0170, E0171, E0172, E0175</b> <b>E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248</b> <b>E0625, E0627, E0629, E1399</b> Refer to HCPCS for complete definition of codes.	
<b>Approval Criteria</b>	
<p><b>I. GENERAL</b></p> <p>A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service, in the most cost-effective manner, in accordance with the <b>OAC 317:30-3-1 (f)</b>.</p> <p>B. Documentation of medical necessity from a provider contracted with the Oklahoma Health Care Authority (OHCA), shall include <b>ALL</b> of the following:</p>	

1. Current written prescription for specific DME item which must contain **all** of the following:
  - date of order;
  - name and address of the prescriber;
  - name and address of the member;
  - name or description and quantity of the prescribed item;
  - member's diagnosis for the item requested;
  - directions for use of the prescribed item;
  - signature of prescriber;
2. Letter of medical necessity detailing pertinent information relating to the members underlying diagnosis or condition causing the impairment. Letter shall include member's history, prognosis, medical justification for each item requested and a thorough description of the benefit to the member;
3. Product information;
4. Manufacturer's suggested retail price (MSRP) for each item requested which must include the member's name, RID number, and DME provider information.

## II. INDICATIONS

Member must have impaired mobility or decreased independence requiring the assistance of adaptive equipment.

## III. FREQUENCY

All DME has a life expectancy of at least 5 years.

### Additional Information

Additional information may be requested. Bathroom and toilet equipment are purchased items and will not be available as rentals. Documentation that reflects "poor trunk control" may be pended to a PT consultant if needed.

### References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1(f); 317:30-5, Part 17.
2. Aetna. Clinical Policy Bulletins. Medical Clinical Policy Bulletins. Bathroom and Toilet Equipment and Supplies. August 22, 2018. Retrieved from: [http://www.aetna.com/cpb/medical/data/400\\_499/0429.html](http://www.aetna.com/cpb/medical/data/400_499/0429.html)
3. Aetna. Clinical Policy Bulletins. Medical Clinical Policy Bulletins. Bathroom and Toilet Equipment and Supplies. August 22, 2018. Retrieved from:
4. Cigna. Medical Coverage Policy. Bathroom and Toilet Equipment and Supplies. May, 15, 2019. Retrieve from: [https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm\\_0072\\_covera\\_gpositioncriteria\\_bathroom\\_and\\_toilet\\_equipment\\_and\\_supplies.pdf](https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0072_covera_gpositioncriteria_bathroom_and_toilet_equipment_and_supplies.pdf)
5. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Commodes – Policy Article (A52461). January 1, 2017.
6. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Commodes (L33736). January 1, 2017.
7. United Healthcare of Oklahoma. Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-foot Orthotics) and Medical Supplies. Benefit Interpretation Policy. March, 1, 2019. Retrieved from: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/signaturevalue-bip/dme-prosthetics-corrective-appliances-medical-supplies-common.pdf>