

## **COMMODOES - DOCUMENTATION REQUIREMENTS**

*February 2023*

Dear Clinician,

For Medicare to provide reimbursement for a commode chair, the medical necessity documentation requirements of certain coverage criteria must be met. The following information is intended to provide you with summary guidance on Medicare's coverage and documentation requirements for commode chairs.

### **Medical Necessity Documentation**

CMS requires that the commode chair be reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. Information to support the medical necessity for a commode will come from your, and other qualified healthcare practitioners', documentation. A summary of the coverage criteria for commode chairs is provided below.

If the below coverage criteria are not met, the commode chair will be denied as not reasonable and necessary.

### **General Coverage Criteria**

A commode chair with fixed arms (E0163) is covered if the general coverage criteria is met in at least one of the following situations (1, 2 or 3):

- the beneficiary is physically incapable of utilizing regular toilet facilities, as would occurring when:
  - 1. the beneficiary is confined to a single room, or
  - 2. the beneficiary is confined to one level of the home environment and there is no toilet on that level, or
  - 3. the beneficiary is confined to the home and there are no toilet facilities in the home.

### **Specific Coverage Criteria**

In addition to the above General Coverage Criteria, a commode chair described by the following HCPCS codes is covered if the specific coverage criteria is also met:

A commode chair with detachable arms (E0165):

- if the detachable arms feature is necessary to facilitate transferring the beneficiary, or
- if the beneficiary has a body configuration that requires extra width.

An extra wide/heavy duty commode chair (E0168):

- if the beneficiary weighs 300 pounds or more.

A free-standing commode chair with an integrated seat lift mechanism (E0170, E0171):

- if the beneficiary meets the coverage criteria for a seat lift mechanism (see the LCD and LCD-related Policy Article for Seat Lift Mechanisms).

[Note: a commode chair with seat lift mechanism is intended to allow the beneficiary to walk after standing. If the beneficiary can ambulate, he/she would rarely meet the coverage criterion for a commode.]

## Non-Covered Items

Bidets, bidet toilet seats, non-integrated toilet seat lift mechanisms (E0172) and/or a footrest for use with a commode chair (E0175), are non-covered items as they are not primarily medical in nature. In addition, a raised toilet seat (E0244), either attached or unattached, is non-covered; therefore, a commode chair used as a raised toilet seat by positioning it over the toilet is also non-covered.

This summary is not intended to take the place of the written law, regulations, national coverage determinations (NCDs) or local coverage determinations (LCDs). Coverage, coding and documentation requirements may be found in the Commodes LCD (<https://www.cms.gov/Medicare-Coverage-Database/view/lcd.aspx?LCDId=33736>) and LCD-related Policy Article (<https://www.cms.gov/Medicare-Coverage-Database/view/article.aspx?articleId=52461>), located in the Medicare Coverage Database at <https://www.cms.gov/medicare-coverage-database>.

Your participation and cooperation with the supplier in this process will allow your patient to receive the most appropriate type of equipment. We appreciate all your efforts in providing quality services to your Medicare patients.

Sincerely,

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