Local Coverage Determination (LCD): Commodes (L33736)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

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<td>18003 - DME MAC</td>
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**LCD Information**

**Document Information**

**LCD ID**
L33736

**Original ICD-9 LCD ID**
L4991
L27225
L11497
L11486

**LCD Title**
Commodes

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

**Original Effective Date**
For services performed on or after 10/01/2015

**Revision Effective Date**
For services performed on or after 01/01/2020

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Notice Period Start Date**
N/A

**Notice Period End Date**
N/A
CMS National Coverage Policy

CMS Publication 100-03 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.
In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the “reasonable and necessary” criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

A commode is covered when the beneficiary is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:

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.

An extra wide/heavy duty commode chair (E0168) is covered for a beneficiary who weighs 300 pounds or more. If an E0168 commode is ordered and the beneficiary does not weigh more than 300 pounds, it will be denied as not reasonable and necessary.

A commode chair with detachable arms (E0165) is covered if the detachable arms feature is necessary to facilitate transferring the beneficiary or if the beneficiary has a body configuration that requires extra width. If coverage criteria are not met payment will be denied as not reasonable and necessary.

Commode chair with seat lift mechanism (E0170, E0171) is covered if the beneficiary has medical necessity for a commode and meets the coverage criteria for a seat lift mechanism (see Local Coverage Determination (LCD) and Policy Article on Seat Lift Mechanisms). However, a commode 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. Therefore, if the beneficiary is capable of walking from the bed to the bathroom, a KX modifier must not be added to the code for the commode with seat lift mechanism.

Bidets and bidet toilet seats are non-covered (no benefit – see related Policy Article).

GENERAL

A Standard Written Order (SWO) must be communicated to the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed SWO, the claim shall be denied as not reasonable and necessary.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) base items that require a Written Order Prior to Delivery (WOPD), the supplier must have received a signed SWO before the DMEPOS item is delivered.
to a beneficiary. If a supplier delivers a DMEPOS item without first receiving a WOPD, the claim shall be denied as not reasonable and necessary. Refer to the LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.

For DMEPOS base items that require a WOPD, and also require separately billed associated options, accessories, and/or supplies, the supplier must have received a WOPD which lists the base item and which may list all the associated options, accessories, and/or supplies that are separately billed prior to the delivery of the items. In this scenario, if the supplier separately bills for associated options, accessories, and/or supplies without first receiving a completed and signed WOPD of the base item prior to delivery, the claim(s) shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

**Summary of Evidence**

N/A

**Analysis of Evidence**

(Rationale for Determination)

N/A

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**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:
The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

GA – Waiver of liability statement issued as required by payer policy, individual case

GY - Item or service statutorily excluded or does not meet the definition of any Medicare Benefit

GZ – Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

HCPCS CODES:

Group 1 Codes:

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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>E0163</td>
<td>COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS</td>
</tr>
<tr>
<td>E0165</td>
<td>COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS</td>
</tr>
<tr>
<td>E0167</td>
<td>PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY</td>
</tr>
<tr>
<td>E0168</td>
<td>COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH</td>
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<tr>
<td>E0170</td>
<td>COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE</td>
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<td>E0171</td>
<td>COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE</td>
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<td>CODE</td>
<td>DESCRIPTION</td>
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<tr>
<td>E0172</td>
<td>SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE</td>
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<tr>
<td>E0175</td>
<td>FOOT REST, FOR USE WITH COMMODE CHAIR, EACH</td>
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<tr>
<td>E0244</td>
<td>RAISED TOILET SEAT</td>
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**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**
Not specified

**Group 1 Codes:**
N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**
Not specified

**Group 1 Codes:**
N/A

**Additional ICD-10 Information**
N/A

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**General Information**

**Associated Information**

**DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the treating practitioner's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

**GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- SWO
- Medical Record Information (including continued need/use if applicable)
Correct Coding

Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

**Miscellaneous**

**Appendices**

**Utilization Guidelines**

Refer to Coverage Indication, Limitations and/or Medical Necessity

**Sources of Information**

Reserved for future use.

**Bibliography**

N/A

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**Revision History Information**

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COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  
Revised: Order information as a result of Final Rule 1713  
GENERAL DOCUMENTATION REQUIREMENTS:  
Revised: Prescriptions (orders) to SWO | • Provider Education/Guidance |
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<td>Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.</td>
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<td>07/01/2016 R3</td>
<td>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</td>
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<td>10/01/2015 R2</td>
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<td>MEDICAL NECESSITY: Added: Incorporated NCD 280.1 coverage statement regarding bidets, bidet toilet seats and similar</td>
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<td>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation Language to add covered prior to a beneficiary’s Medicare eligibility DOCUMENTATION REQUIREMENTS: Deleted: Reference to refill of supplies from Continued Use Revised: Standard Documentation Language to add who can enter date of delivery date on the POD Added: Instructions for Equipment Retained from a Prior Payer Revised: Repair to beneficiary-owned DMEPOS</td>
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### Associated Documents

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)

A52461 - Commodes - Policy Article

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 02/06/2020 with effective dates 01/01/2020 - N/A

Updated on 03/17/2017 with effective dates 01/01/2017 - 12/31/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

**Keywords**

N/A
END OF LOCAL COVERAGE DETERMINATION

Per the Code of Federal Regulations, 42 C.F.R § 426.325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.
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**Article Information**

**General Information**

**Article ID**
A52461

**Original ICD-9 Article ID**
A23837
A47057
A23661
A23899

**Article Title**
Commodes - Policy Article

**Original Effective Date**
10/01/2015

**Revision Effective Date**
01/01/2020

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**
Article Guidance

Article Text:

**NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Commodes are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)). In order for a beneficiary’s equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.
A raised toilet seat (E0244) is noncovered; therefore, a commode chair that is used as a raised toilet seat by positioning it over the toilet is also noncovered. When a commode chair is provided for use in this manner, the GY modifier must be added to the code for the commode chair and the KX modifier must not be used.

Toilet seat lift mechanisms (E0172) are not primarily medical in nature; therefore do not meet the statutory definition of durable medical equipment. They are non-covered.

A footrest (E0175) is non-covered because it is not medical in nature.

Bidets and bidet toilet seats are non-covered because they are not primarily medical in nature.

**REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217)**

Final Rule 1713 (84 Fed. Reg Vol 217) requires a face-to-face encounter and a Written Order Prior to Delivery (WOPD) for specified HCPCS codes. CMS and the DME MACs provides a list of the specified codes, which is periodically updated. The link will be located here once it is available.

Claims for the specified items subject to Final Rule 1713 (84 Fed. Reg Vol 217) that do not meet the face-to-face encounter and WOPD requirements specified in the LCD- related Standard Documentation Requirements Article (A55426) will be denied as not reasonable and necessary.

If a supplier delivers an item prior to receipt of a WOPD, it will be denied as not reasonable and necessary. If the WOPD is not obtained prior to delivery, payment will not be made for that item even if a WOPD is subsequently obtained by the supplier. If a similar item is subsequently provided by an unrelated supplier who has obtained a WOPD prior to delivery, it will be eligible for coverage.

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

The diagnosis code that justifies the need for these items must be included on the claim.

**KX, GA, GY, AND GZ MODIFIERS:**

For commodes (E0163, E0165, E0168, E0170, and E0171) used as a raised toilet seat by positioning it over the toilet, the GY modifier must be added to the code, and the KX, GA, or GZ modifier must not be used.

For commodes (E0163, E0165, E0168, E0170, and E0171) not used as a raised toilet seat, the KX modifier must be added to the code only if all of the coverage criteria as described in the Coverage Indication, Limitations and/or Medical Necessity section of the related LCD have been met.
For commode chairs with seat lift mechanism (E0170 and E0171), the KX modifier must be added to the code only if the beneficiary meets all of the criteria for a seat lift mechanism.

If all of the criteria in the Coverage Indication, Limitations and/or Medical Necessity section of the related LCD have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter a GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or a GZ modifier if they have not obtained a valid ABN.

Claim lines billed without a GA, GY, GZ or KX modifier will be rejected as missing information.

**CODING GUIDELINES**

A commode with seat lift mechanism (E0170, E0171) 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 beneficiary 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.

A toilet seat lift mechanism is a device with a seat that can be raised with or without a forward tilt while the beneficiary is seated, allowing the beneficiary to stand and ambulate once he/she is in an upright position. It may be manually operated or electric. It is attached to the toilet. These devices are coded as E0172.

A raised toilet seat (E0244) is a device that adds height to the toilet seat. It is either fixed height or adjustable. It is either attached to the toilet or is unattached, resting on the bowl.

Note: A freestanding raised toilet seat supported by legs on the floor is coded as a commode.

Bidets, bidets incorporated into toilet seats and similar genitalia/perineum/buttocks cleansing devices are products that utilize a stream of water to irrigate and wash the buttocks and perineal area. Bidets and similar devices are coded A9270 (NONCOVERED ITEM OR SERVICE).

Extra wide/heavy duty commode chairs (E0168) have a width of greater than or equal to 23 inches and are also capable of supporting a beneficiary who weighs 300 pounds or more.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time.

<table>
<thead>
<tr>
<th>Column I</th>
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<tr>
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Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.
Coding Information

CPT/HCPCS Codes
N/A

ICD-10 Codes that Support Medical Necessity
N/A

ICD-10 Codes that DO NOT Support Medical Necessity
N/A

Additional ICD-10 Information
N/A

Bill Type Codes:
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.
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Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.
N/A

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| 01/01/2020            | R6                      | Revision Effective Date: 01/01/2020  
REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):  
Added: Section and related information based on Final Rule 1713  
POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  
Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS  
ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:  
Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"  
ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:  
Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"  

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination. |
| 01/01/2017            | R5                      | 02/07/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This is an article and not a local coverage determination. |
| 01/01/2017            | R4                      | Revision Effective Date: 01/01/2017  
POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  
Added: Modifier instructions  
CODING GUIDELINES:  
Deleted: HCPCS code E0628 - crosswalked to HCPCS code E0627  
RELATED LOCAL COVERAGE DOCUMENTS:  
Added: LCD-related Standard Documentation Requirements Language Article |
| 07/01/2016            | R3                      | Revision Effective Date: 07/01/2016  
Updated: Title to remove effective date |
| 07/01/2016            | R2                      | Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles. |
| 10/01/2015            | R1                      | Revision Effective Date: 04/01/2013 (August 2015 Publication)  
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:  
Added: Coverage statement for bidets and similar items  
CODING GUIDELINES:  
Added: Code description for bidets, bidet toilet seats and similar items |

Associated Documents