

Department:	Medical Management	Original Approval:	10/31/2018
Policy #:	MM169	Last Approval:	12/12/2018
Title:	Bathroom and Toilet DME and Supplies		
Approved By:	UM Committee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

- Home Assessment
- Documentation to support that a less costly system will not meet the needs of the individual.
- A prescription from prescribing physician
- Physician’s documentation needs to address medical necessity

BACKGROUND

This Policy is written to ensure members’ requests for any bathroom and toilet equipment and supplies are reviewed for medical necessity. This policy is applicable to Medicare and Apple Health members..

DEFINITIONS

None

INDICATIONS/CRITERIA

Medicaid Members	<i>Continue to criteria for approval below.</i>
Medicare Members	

Coverage for Specialty bath/shower chair:

A bath/shower chair sits in the bathtub or shower for bathing in the seated position. Specialty bath/shower chairs are covered when a member requires postural support and stability while bathing.

- **All of the following criteria must be met for age 12 months and above:**
- Have a medical condition which results in the need for supportive seating to enable safe and effective bathing; *and*
- Unable to get in/out of the bath/shower independently and is unable to sit or stand in the bath/shower independently; *and*

- Have had a physical or occupational therapy home assessment to determine the type of device that meets the beneficiary's medical needs, is efficacious and safe for the beneficiary's use including during transfers on and off the device, and fits properly in the physical plant of the beneficiary's bathroom; *and*
- Have had a successful trial of the requested device or a close simulation of that device; *and*
- Where there has been a documented unsuccessful trial or negative consideration with documented rationale for all less expensive devices

All accessories for the specialty chair require medical justification and must be included in the medical information provided

Accessories/items with the miscellaneous code E1399 require service authorization and a manufacturer invoice reflecting the acquisition cost on the requesting service authorization.

Other accessories such as bath chair lateral supports, chest or pelvic straps, or wedge and pommel cushions are medically necessary when a member requires additional support to maintain the head or trunk in proper alignment or to maintain the member safely on the bath chair while bathing.

Coverage of transfer benches or chair:

A tub transfer bench goes across the side of the tub and allows a member to safely slide into the tub and sit for bathing. Transfer bench is considered medically necessary when all of the following are met:

- Physical handicap, disease, or injury inhibits the member's ability to raise or lower himself or herself
- Requires total assistance for transferring
- Has extensive weakness, contractures, or abnormal tone requiring full body support

Coverage of the tilt/recline feature:

A tilt/recline shower chair is a shower chair that can be tilted or reclined to various angles, provides extensive support, and can be rolled into a shower for bathing. A tilt/recline shower chair is considered medically necessary when a member meets any **one** of the following criteria:

- Has extensive weakness, contractures, or abnormal tone requiring full body support; or
- Requires total assistance for transfers and bathing; or
- Has a medical need that requires the tilted or reclined position when upright; or
- Requires pressure relief at all times when sitting

Coverage of a non-standard seating system:

- Current decubitus that is a stage 3 or 4; and
- Shower/commode chair needed for a minimum of 30 minutes or longer; or
- No decubitus and use of the shower/commode chair for a minimum of 2 hours or longer per toileting session.

Coverage of foot plates:

- No functional use of the lower limbs.

Coverage of elevating leg rest:

- Musculoskeletal condition which prevents 90 degree flexion of the knee or meets medical necessity for the tilt/recline feature on the shower/commode chair.

Coverage of a heavy duty shower/commode chair:

Documentation of the member’s weight of 300 pounds or more to determine justification

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

This policy is only to be used for Apple Health members’ age 0-20 years old under the EPSDT benefit. For AH member 21 and above these are considered non-covered personal convenience items.

For Medicare members refer to the member’s coverage and benefit.

Please refer to a product line’s certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR		
WAC	WAC Chapter 182-554 WAC	
RCW		
Contract Citation	<input checked="" type="checkbox"/> WAH	17.1.26.2 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
	<input checked="" type="checkbox"/> IMC	

	<input checked="" type="checkbox"/> MA	
Other Requirements		
NCQA Elements		

Revision History

Revision Date	Revision Description	Revision Made By
09/17/2018	Policy created	Yves Houghton, RN BSN
10/18/2018	Approved	UM Medical Subcommittee
10/31/2018	Approved	UM Committee
12/07/2018	Removed reference to EPSDT based on CMS requirement for all DME to have medical necessity review.	LuAnn Chen, MD
12/12/2018	Approval	UM Committee