Department:	Medical Management	**Original Approval:**	10/31/2018
Policy No:	MM169	**Last Approval:**	02/12/2025
Policy Title:	Bathroom and Toilet DME and Supplies Clinical Coverage Criteria		
Approved By:	UM Criteria Subcommittee		
Applicable Line(s) of Business:	☒ **Washington Apple Health (Medicaid)** ☐ **Behavioral Health Services Only** ☒ **Apple Health Expansion** ☐ **Medicare Advantage/Special Needs Plan** ☐ **Medicare Advantage Only** ☒ **Cascade Select**		

This policy applies to Apple Health Integrated Managed Care and Medicare and to Cascade Select.

Required Clinical Documentation for Review

1. Home Assessment
2. Documentation to support that a less costly system will not meet the needs of the individual.
3. A prescription from prescribing physician
4. Physician's documentation needs to address medical necessity
5. Details of any specific needs related to risk, trauma, or cultural concerns, specifically to address health equity concerns.

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.

DME items have the following characteristics and should meet all the following requirements:

1. Is prescribed by a provider (physician (MD, DO, or DPM), advanced registered nurse practitioner, or physician assistant); and
2. The order contains the prescriber's signature or electronic signature, from within the past year; and
3. Is primarily and customarily used to serve a medical purpose; and
4. Generally, is not useful for a person in the absence of illness or injury; and
5. Can withstand repeated use; and

6. Can be reusable or removable; and
7. Is suitable for use in any setting where normal life activities take place

Definitions

None.

Indications/Criteria

Indications/Criteria for AH, and Individual & Family (Cascade Select) Members:

Medical Equipment Criteria:

1. Consistent with standards of good medical practice and supported by evidence-based medicine;
2. Medically Necessary: "reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the enrollee that endanger life, or cause suffering of pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the enrollee requesting the service. For the purpose of this section, 'course of treatment' may include mere observation or, where appropriate, no medical treatment at all." (WAC 182-500-0070);
3. Consistent with the symptoms, diagnosis, treatment, and plan of care of the member's condition;
4. Not solely for the convenience of the enrollee, the member's family, or the provider of service; and,
5. Delivered in the least intensive and most appropriate delivery setting.
6. CHPW considers one piece of equipment medically necessary if criteria are met for the equipment. Second items are considered a convenience.
7. Medical Equipment that duplicates equipment that the member already has is not medically necessary per WAC 182-543-7100.
8. Purchase, rental, or repair of Medical Equipment that duplicates equipment that the client already owns, rents, or that CHPW has authorized for the client. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request prior authorization and submit medical records showing the following:
    a. Why the existing equipment no longer meets the member's medical needs; or
    b. Why the existing equipment could not be repaired or modified to meet the member's medical needs.

   c. How the member's condition meets the criteria for Medical Necessity for the Medical Equipment.
9. For use of an unlisted code: if the request is for a DME item, include the name of the item, description, the manufacturer, product number, a copy of the invoice (include pricing), and documented evidence that there is no comparable standard code available.

Repair of Medical Equipment

1. Repair of any Medical Equipment must meet relevant criteria for medical necessity, including prior authorization if required for similar new equipment.
2. Repair is considered only for client-owned equipment after expiration of warranty period.
3. It is the expectation of CHPW that the provider will have checked for warranty coverage before submitting a request for a Medical Equipment repair. Warranty coverage will be reviewed, along with repair cost, at the time of assessment for prior authorization.
4. Repairs do not require a face-to-face evaluation with the physician but do require a physician signature on the order.
5. CHPW does not pay for the repair of equipment, devices, or supplies which have been broken, destroyed, or stolen as a result of the client's carelessness, negligence, recklessness, deliberate intent, or misuse unless:
   a. Extenuating circumstances exist that result in a damage or destruction of equipment, devices, or supplies, through no fault of the client that occurred while the client was exercising reasonable care under the circumstances; or
   b. Otherwise allowed under specific HCA program rules.

Replacement of Medical Equipment

1. Replacement of any Medical Equipment must meet relevant criteria for medical necessity, including prior authorization if required for similar new equipment.
2. Any requests for Medical Equipment replacement must include documentation of a current (within 6 months) face-to-face evaluation by the treating physician and therapist, as applicable, showing medical need for the device by the member.
3. The equipment is not under warrantee
4. CHPW does not pay for replacement of equipment that is functioning appropriately or that can reasonably be repaired.
5. CHPW does not pay for the replacement of equipment, devices, or supplies which have been sold, gifted, lost, broken, destroyed, or stolen as a result of the client's carelessness, negligence, recklessness, deliberate intent, or misuse unless:

a. Extenuating circumstances exist that result in a loss or destruction of equipment, devices, or supplies, through no fault of the client that occurred while the client was exercising reasonable care under the circumstances; or
b. Otherwise allowed under specific HCA or CMS program rules.

For **Cascade Select and AH members**: In all cases when available, HCA Health Technology Assessment program determinations are used. For DME not addressed by the HCA HTA Program, CHPW uses the CHPW Coverage Criteria next. For DME not addressed by either, CHPW uses MCG.

For **Cascade Select and AH Members**, any requests for DME must also meet all the following criteria:

1. A current (within 6 months) face-to-face evaluation by the treating physician and therapist, (who are prohibited of being employees of the provider of the item by WAC 182-543-2200), as applicable, showing medical need for the device by the member
2. A physical or occupational therapy assessment, to determine the type of device that meets the member's medical needs, is efficacious and safe for the member's use, including during transfers.
3. Home assessment, if indicated, (which can be performed by DME supplier) showing that the equipment fits properly in the physical space of the member's home. (Licensed facilities, including Adult Family Home (AFH), Assisted Living Facilities, and DDA Supportive Living, are able to accommodate hospital beds, bath, toilet DME, and wheelchairs and do not need a home assessment.)
4. Results of trials of less expensive devices, if apparently available, and explanation of why these less expensive devices are not appropriate for the member's condition and situation
5. Successfully trial by the member of the device or a close simulation of the device
6. Consistent with the symptoms, diagnosis, treatment, and plan of care of the member's condition;
7. Not solely for the convenience of the member, the member's family, or the provider of service; and,
8. Delivered in the least intensive and most appropriate delivery setting.

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 the following criteria must be met for age 12 months and above**:**

1. Has a neurological disease (such as cerebral palsy, multiple sclerosis, muscular dystrophy, ALS, paraplegia, spinal cord injury causing neurologic deficits) or orthopedic condition (such as lower extremity amputation) which results in the need for supportive seating to enable safe and effective bathing; *and*
2. Unable to get in/out of the bath/shower independently and is unable to sit or stand in the bath/shower independently; *and*
3. Has 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*
4. Has had a successful trial of the requested device or a close simulation of that device; *and*
5. 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.

Transfer Bench (TB) 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 any **one** of the following are met:

1. Physical handicap, disease, or injury inhibits the member's ability to raise or lower himself or herself

2. Requires total assistance for transferring
3. Has extensive weakness, contractures, or abnormal tone requiring full body support

Tilt/Recline Bath (TRBath) or Shower Chair:

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

1. Has extensive weakness, contractures, or abnormal tone requiring full body support; or
2. Requires total assistance for transfers and bathing; or
3. Has a medical need that requires the tilted or reclined position when upright; or
4. Requires pressure relief at all times when sitting (such as for treatment of pressure sores)

Non-Standard Seating System (NSSS) for shower/commode chair:

A non-standard seating system for toileting is medically necessary when the member meets the criteria for a bath or shower chair and also meets one of the following criteria:

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

Coverage of Foot Plates (FP):

Foot plates are medically necessary when the member meets the criteria for a bath or shower chair and also meets the following criteria:

1. No functional use of the lower limbs.

Coverage of elevating leg rest:

Elevating leg rest is medically necessary when the member meets the criteria for a bath or shower chair and also meets one of the following criteria:

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

Coverage of a heavy-duty shower/commode chair:

Heavy duty shower/commode chair is medically necessary when the member meets the criteria for a bath or shower chair and also meets the following criteria:

1. Documentation of the member's weight of 300 pounds or more

Special Considerations

None.

Limitations/Exclusions

Please see link to member coverage documents below:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	https://medicare.chpw.org/ Select the appropriate plan from the "Plans" drop down on the top navigation bar.
Apple Health Integrated Managed Care	https://www.chpw.org/for-members/benefits-and-coverage-imc/
Cascade Select	https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/

List of Appendices

None.

Citations & References

CFR	42 C.F.R. § 438.236(d)	
WAC	182-501-0050; 182-543-7100	
RCW		
LOB & Contract Citation	☒ **WAHIMC** ☐ **BHSO** ☐ **Wraparound** ☐ **SMAC** ☐ **HH**	IMC Section 1.93: Durable Medical Equipment (DME); IMC Section 1.182: Medically Necessary Services; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination; IMC Section 17.1.22: Medical Equipment and Supplies

	☒ **AHE**	AHE Section 1.73 Durable Medical Equipment (DME); AHE Section 1.151: Medically Necessary Services; AHE Section 11.1: Utilization Management General Requirements; AHE Section 11.3: Medical Necessity Determination; AHE Section; AHE Section 17.1.19: Medical Equipment and Supplies
	☐ **MA/DSNP**	
	☒ **CS**	
Other Requirements		
NCQA Elements	UM 2, UM 5	
References		

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
01/29/2019	Removed the limitation/exclusion as non-covered for ages 21 and above. These requests are now reviewed for medical necessity for all ages	Yves Houghton, RN, BSN
10/21/2019	Clarified criteria for Transfer Bench.	LuAnn Chen, MD
11/01/2019	Approval	UM Medical Subcommittee
02/12/2020	WAH-IMC and MA Contract Citations updated	LuAnn Chen, MD
02/19/2020	Added definition of physician to include MD, DO, DPM. Medicare Claims Processing Manual Chapter 20 referenced.	LuAnn Chen, MD

02/20/2020	Approval	UM Medical Subcommittee
03/04/2020	Clarified definition of DME. Clarified conditions requiring bath or shower chair.	LuAnn Chen, MD
03/29/2020	Approved	UM Medical Subcommittee
09/23/2020	Added CHNW Cascade Select criteria and citations. Added general criteria for DME as per MM136. Changed physician signature to provider signature.	LuAnn Chen, MD
10/19/2020	Approval	UM Medical Subcommittee
01/11/2021	Added language from MM162 regarding medical appropriateness	LuAnn Chen, MD
01/25/2021	Approval	UM Medical Subcommittee
12/02/2021	Minor edits and updating citations.	LuAnn Chen, MD
12/15/2021	Approval	UM Medical Subcommittee
11/18/2022	Added criteria from MM162.	LuAnn Chen, MD
11/22/2022	Approval	UM Medical Subcommittee
04/12/2023	Clarified that licensed facilities do not need home assessment. Updated citations.	LuAnn Chen, MD
04/17/2023	Approval	UM Medical Subcommittee
06/06/2023	Added Medical Necessity, DME, Repair and Replacement Criteria.	LuAnn Chen, MD
06/08/2023	Approval	UM Medical Subcommittee
02/22/2024	Clarified that the home assessment can be performed by the DME supplier. Minor edit. Updated citations.	LuAnn Chen, MD
03/13/2024	Approval	UM Criteria Subcommittee
02/03/2025	Removed Medicare, added AHE, updated citations.	LuAnn Chen, MD
02/12/2025	Approval	UM Criteria Subcommittee