

Department:	Medical Management	Original Approval:	10/31/2018
Policy No:	MM169	Last Approval:	12/15/2021
Policy Title:	Bathroom and Toilet DME and Supplies Clinical Coverage Criteria		
Approved By:	UM Medical Subcommittee		
Applicable Line(s) of Business	<input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Medicare Special Needs Plan <input checked="" type="checkbox"/> Cascade Select		

This policy applies to Community Health Plan of Washington (CHPW) Apple Health Integrated Managed Care and Medicare and to Community Health Network of Washington (CHNW) 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

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

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7. Is suitable for use in any setting where normal life activities take place

Definitions

None.

Indications/Criteria

For **CHPW Medicare Advantage** members, if national or local coverage determinations (NCDs, LCDs), as outlined by the Centers for Medicare and Medicaid Services (CMS), are available, then these will be used to determine coverage and criteria to determine medical necessity. If none are available, CHPW uses CHPW Clinical Coverage Criteria and then MCG as noted below.

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

For **CHPW Medicare, CHNW Cascade Select, and CHPW AH-IMC 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, including home assessment, if appropriate, 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 and fits properly in the physical space of the member's home
3. Successfully trial by the member of the device or a close simulation of the device
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. Consistent with the symptoms, diagnosis, treatment and plan of care of the member's condition
6. Not solely for the convenience of the member, the member's family, or the provider of service
7. Delivered in the least intensive and most appropriate delivery setting
8. CHNW and CHPW consider one piece of mobility/positioning equipment medically necessary, if criteria are met for the equipment. Second items are considered a convenience

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9. DME that duplicates equipment that the member already has is not medically necessary per WAC 182-543-7100.

Replacement of DME

1. Replacement of any DME must meet relevant criteria for medical necessity, including prior authorization if required for similar new equipment.
2. Any requests for DME 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. CHNW and CHPW do 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 program rules.

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*

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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
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Medicare Advantage Plans (Including D-SNP)	https://medicare.chpw.org/ Select the appropriate plan from the “Plans” drop down on the top navigation bar.
CHPW Apple Health Integrated Managed Care	https://www.chpw.org/for-members/benefits-and-coverage-imc/
CHNW Cascade Select	

List of Appendices

None.

Citations & References

CFR	
WAC	WAC 182-501-0050 ; WAC 182-543-7100
Line of Business and Contract Citation	<input checked="" type="checkbox"/> WAHIMC § 1.176; § 1.177; § 11.1; § 11.4; § 17.1.21; § 17.1.30.2
	<input type="checkbox"/> BHSO
	<input checked="" type="checkbox"/> MA Medicare Managed Care Manual (MMCM) CH 4 Benefits & Beneficiary Protections Section 110.1.1 and 40.1.1; Part C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance Section 10.4.2 Medicare Claims Processing Manual Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) 100.2.1 - Completion of Certificate of Medical Necessity Forms
	<input checked="" type="checkbox"/> CS
Other Requirements	
NCQA Elements	UM 2, UM 5
References	

Revision History

Revision Date	Revision Description	Revision Made By
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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

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