



## PROVIDER POLICIES & PROCEDURES

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### BATHING AND TOILETING EQUIPMENT/HYGIENE ITEMS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for bathing and toileting equipment/hygiene items. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Bathing and toileting are among the activities of daily living that are considered essential to health and personal hygiene. Bathing and toileting equipment used to address the individual's personal hygiene tasks must meet the definition of durable medical equipment (DME) by withstanding repeated use, being primarily used to serve a medical purpose within the individual's home, generally not useful in the absence of an illness or injury; and non-disposable. Some equipment may be multi-functional and address both bathing and toileting needs. Disposable and non-disposable hygiene items may be medically necessary for certain individuals under specific circumstances.

#### CLINICAL GUIDELINE

Coverage guidelines for bathing and toileting equipment/hygiene items are made in accordance with the Department of Social Services (DSS) Definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail.

Bathing and toileting equipment may be considered medically necessary for individuals who have physical limitations that do not allow for bathing, showering, or toileting without specialized equipment. The specific type of equipment, including its features and postural components, requires a comprehensive analysis of the individual's physical capacities and limitations, current hygiene and transfer methods, safety issues, caretaker support, and home environmental factors.

#### Commode Chair (HCPCS Code E0163)

A commode chair with fixed arms may be considered medically necessary for individuals who are physically unable to utilize regular toilet facilities. This typically occurs in the following instances:

1. The individual is confined to a single room; or
2. The individual is confined to one level of a home and there is no toilet on that level; or
3. The individual is confined to the home and there is no toilet in the home.

#### Commode Chair (HCPCS Code E0165)

A commode chair with detachable arms may be considered medically necessary when:

1. The individual is physically unable to utilize regular toilet facilities, this typically occurs in the following instances:
  - a. The individual is confined to a single room; or

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- b. The individual is confined to one level of a home and there is no toilet on that level; or
- c. The individual is confined to the home and there is no toilet in the home;

AND

2. The detachable arm feature is needed to facilitate transferring the individual or if the individual has a body configuration that requires extra width.

### **Bathing and Toileting Equipment (HCPCS Code E0240)**

A bath/shower chair, with or without wheels, any size may be considered medically necessary for individuals with physical disabilities when:

1. The requested bathing and toileting equipment is to be used within the individual's home; and
2. The individual is unable to perform hygiene tasks without being seated, unable to transfer to and from a bathtub, shower, or toilet seat without assistance, and/or is required to address an injury or infection of the perianal area.

### **Other Bathing and Toileting Equipment (HCPCS Codes E0625, E1399)**

Other bathing and toileting equipment, as described by the above codes, may be considered medically necessary for individuals with physical disabilities when:

1. The criteria above for *bath/shower chair (HCPCS code E0240)* are met; and
2. The individual is unable to safely use standard bathing and toileting equipment such as a transfer tub seat, tub stool or bench, standard commode, raised toilet seat; and
3. The individual requires specific features and/or postural components for safe toileting and/or bathing that are unavailable with standard bathing and toileting equipment; and
4. There is documentation confirming the individual's safety and tolerance during an actual trial or simulation of the specific features, positioning components and transfer method for the requested bathing and toileting equipment or there is documentation of caregiver training in the safe use of the device including all associated components; and
5. There is actual or simulated evidence that the equipment fits in areas/rooms where it will be used; and
6. There is consideration for combining the bathing and toileting needs into one piece of equipment; and
7. Home modifications are not needed for use of the requested equipment.

### **Commode Chair with Integrated Seat Lift Mechanism (HCPCS code E0170)**

A commode chair with seat lift mechanism may be considered medically necessary for individuals with physical disabilities when:

1. The criteria above for *Commode Chair (HCPCS code E0163)* are met; and
2. The criteria above for *Bathing and Toileting Equipment* are met.

### **Repair, Adjustment and Replacement of Parts and Accessories**

Repair, adjustment, and replacement of parts and accessories necessary for the normal and effective functioning of the bathing and/or toileting equipment is covered when the above criteria are met. However, requests for repairs, adjustments and replacement of parts may be considered medically necessary for individuals not meeting the above criteria based on an assessment of the individual and their unique clinical needs. An updated evaluation may be requested if it is determined that the person's medical condition or ability to perform their typical activities of daily living has changed since receiving the current equipment.

### **Hygienic Items/Devices (HCPCS Code A9286)**

A handheld shower head/flexible shower hose may be considered medically necessary for individuals:

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1. Who are unable to stand in the shower; or
2. Who are at an increased risk for falls in the tub/shower to ensure safety while bathing; or
3. With a large body habitus that require a hand-held shower head/flexible shower hose to ensure adequate hygiene and to promote good skin integrity.

### **Disposable Hygiene Items (HCPCS Code A9286)**

Disposable wipes, cleansing solutions, specialized soaps, and towelettes may be considered medically necessary to ensure adequate hygiene for individuals:

1. With urinary and/or fecal incontinence due to a medical condition; or
2. With a urostomy, ileostomy, or colostomy; or
3. With a documented medical condition requiring one or more of these items to maintain adequate hygiene and skin integrity.

Disposable lemon-glycerin swabs and toothettes may be considered medically necessary for individuals for one or more of the following indications:

- Assistance with oral hygiene
- Decreased fluid intake, dry mouth, thickened saliva
- Mouth sores/oral irritation
- Stimulation of saliva flow
- Recent operative procedure
- Chemotherapy or radiation therapy, status-post bone marrow transplant, other immunosuppression
- End of life care

Disposable cotton swab applicators or sterile cotton-tipped applicators may be considered medically necessary for individuals for one or more of the following indications:

- Assistance with tracheostomy care
- Assistance with wound care (wound cleaning)
- Assistance with the application of topical medicine

### **Residential Walk-In Bathtubs**

Residential walk-in bathtubs do not meet the definition of durable medical equipment and are therefore not covered.

Durable medical equipment (DME) is prescribed by a physician, APRN, or PA for therapeutic use in direct treatment of an illness or injury, and can withstand repeated use, and is not useful in the absence of illness or injury. Equipment that does not meet this definition is not considered medical equipment and is not covered.

### **NOTE: EPSDT Special Provision**

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

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## PROCEDURE

Prior authorization for bathing and toileting equipment/hygiene items is required. Refer to the DSS Fee Schedule [www.ctdssmap.com](http://www.ctdssmap.com) for hygiene equipment that does not require prior authorization; e.g., raised toilet seat, tub stool. Requests for coverage of bathing and toileting equipment/hygiene items will be reviewed in accordance with procedures in place for reviewing requests for durable medical equipment and medical supplies. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review **all** requests for bathing and toileting equipment:

- Fully completed authorization request via web portal
- A signed prescription, written within the past 12 months, from the ordering physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP)
- Documentation from the ordering provider that supports the medical necessity criteria outlined in the Clinical Guideline section of this policy including a description of the individual's functional mobility, ability to transfer, motor control, postural alignment, strength, tone, coordination, balance, and/or range of motion, as it applies to specific components being requested
- For manually priced items, a detailed product description including manufacturer, model/part number, HCPCS code, unit(s), the manufacturer's suggested retail purchase price (MSRP) and actual acquisition cost (AAC), including documentation disclosing all discounts per [DSS Pricing Policy for MEDS Items](#)

The following additional information is needed to review requests for certain bathing and toileting equipment as described by HCPCS codes E0170, E0625, E1399:

- Individual's height and weight, and general strength
- List of functional strategies and DME used to address the individual's hygiene needs within the individual's home, including a description of the effectiveness of each
- Documentation describing an evaluation with recommendations from a Connecticut licensed, occupational therapist, physical therapist, physician, PA, APRN, or registered nurse, performed within three (3) months prior to submission of the prior authorization request, which meets the criteria in the Clinical Guideline section of this policy.
- Clinical documentation confirming the individual's or caregiver's ability to safely use and tolerate the requested equipment including the ability to safely transfer based upon actual trial and/or simulation
- Documentation that caregiver training has been completed that includes safe use of the device, transferring, and positioning
- Documented evidence that the requested equipment addresses the individual's anticipated environment
- Documentation regarding other or less costly alternatives and reason for ineffectiveness

The following information is needed to review **all** requests for hygiene items:

- Fully completed authorization request via web portal
- A signed prescription, written within the past 12 months, from the ordering physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP)
- Documentation from the ordering provider that supports the medical necessity criteria outlined in the

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Clinical Guideline section of this policy

## EFFECTIVE DATE

This Policy is effective for prior authorization requests for bathing and toileting equipment/hygiene items for HUSKY Health Program individuals on or after May 1, 2017.

## LIMITATIONS

Not Applicable

## CODES

Code	Description
A9286	Hygienic item or device, disposable or nondisposable, any type, each
E0163	Commode chair, mobile or stationary, with fixed arms
E0165	Commode chair, mobile or stationary, with detachable arms
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0240	Bath/Shower chair, with or without wheels, any size
E0625	Patient lift, bathroom or toilet, not otherwise classified
E1399	Durable medical equipment, miscellaneous

## DEFINITIONS

- 1. Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
- 2. Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## ADDITIONAL RESOURCES AND REFERENCES:

- Centers for Medicare and Medicaid Services (CMS). Commodes Policy Article 2015 (A52461). <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52461>
- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). <https://www.cms.gov/medicare-coverage->

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[database/view/lcd.aspx?lcdid=33736&ver=20](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33736&ver=20)

- CMS, Health Care Procedural Coding System Level II Manual: 2021
- DSS Pricing Policy – Manually Priced Codes of Durable Medical Equipment (DME), Medical Surgical Supplies, Orthotics and Prosthetics, Parenteral and Enteral Supplies.  
[https://www.huskyhealthct.org/providers/provider\\_postings/policies\\_procedures/DSS\\_Pricing\\_Policy\\_for\\_MEDS\\_Items.pdf](https://www.huskyhealthct.org/providers/provider_postings/policies_procedures/DSS_Pricing_Policy_for_MEDS_Items.pdf)
- DSS Provider Bulletin 2011-04: Updated MEDS Fee Schedule and Reimbursement, dated March 01, 2011.
- DSS Provider Bulletin 2012-09: Updated MEDS Fee Schedule and Reimbursement, dated April 01, 2012.
- Edelman M, Ficorelli C. Keeping older adults safe at home. *Nursing*. 2012; 42(1):65-66. doi:10.1097/01.NURSE.0000408481.20951.e8
- Noridian Healthcare Solutions LLC. Local Coverage Determination: Commodes (L33736). Revised 1/1/2020. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33736&ver=20>. Accessed on December 12, 2023.
- Noridian Healthcare Solutions LLC. Medical Director Articles. Correct Coding-A9286-Hygienic Item or Device, Disposable or Non-Disposable, Any Type, Each. 2018. Available at: <https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/correct-coding-a9286-hygienic-item-or-device-disposable-or-non-disposable>
- Ostensjo S, Carlberg E, Vollestad N. The use and impact of assistive devices and other environmental modifications on everyday activities and care in young children with cerebral palsy. *Disability Rehabilitation* 2005; 27(14):849-61.
- Pricing, Data Analysis and Coding [www.dmepdac.com](http://www.dmepdac.com)
- Robinson, L., Gibson, G., Kingston, A., Newton, L., Pritchard, G., Finch, T., & Brittain, K. (2013). Assistive technologies in caring for the oldest old: A review of current practice and future directions. *Aging Health*; 9(4), pp. 365-375.
- Sim S, Barr C, George S. Comparison of equipment prescriptions in the toilet/bathroom by occupational therapists using home visits and digital photos, for patients in rehabilitation. *Australian Occupational Therapy Journal*, 2015; 64(2), 132–140.
- Stark, S, Sommerville E., Morris J. In-Home Occupational Performance Evaluation (I-HOPE). *American Journal of Occupational Therapy*, 2010; 64(4), 580–589.

## PUBLICATION HISTORY

Date		Action Taken
Original Publication	April 2017	Original publication Approved by Medical Policy Review Committee on January 11, 2017. Approved by Clinical Quality Subcommittee on March 20, 2017. Approved by DSS on April 3, 2017.
Updated	April 2018	Update to Additional Resources and Reference section. Change approved by the CHNCT Medical Policy Review Committee on January 24, 2018. Approved by CHNCT Clinical Quality Subcommittee on March 19, 2018. Approved by DSS on April 5, 2018.
Updated	January 2019	Reviewed and approved without changes at the

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		January 9, 2019 Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 18, 2019. Approved by DSS on March 27, 2019.
Reviewed	December 2019	Reviewed and approved without changes at the November 13, 2019 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee meeting on December 16, 2019. Approved by DSS on December 30, 2019.
Reviewed	December 2020	Reviewed and approved without changes at the December 14, 2020 CHNCT Medical Reviewer Meeting. Approved by the CHNCT Clinical Quality Subcommittee on December 21, 2020. Approved By DSS on January 7, 2021.
Updated	December 2021	Update to code section. Deleted HCPCS code E0240. Change approved at the November 10, 2021 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on December 20, 2021. Approved by DSS on January 4, 2022.
Reviewed	December 2022	Reviewed and approved without changes at the November 9, 2022 CHNCT Medical Reviewer Meeting. Approved by the CHNCT Clinical Quality Subcommittee on December 19, 2022. Approved By DSS on December 22, 2022.
Updated	September 2023	Update to Clinical Guideline section. Removed “bedroom-confined” as a requirement. Update to Codes section. Changes approved at the September 13, 2023, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on September 18, 2023. Approved by DSS on October 2, 2023.
Updated	March 2024	Policy updated to include hygiene items. Clinical Guideline updated to include commode chairs and hygienic items (disposable and non-disposable). Residential walk-in bathtubs also addressed. Procedure updated to include requirements for commode chairs and hygienic items. Update to Codes section. Update to Additional Resources and References section. Changes approved at the March 13, 2024, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on March 18, 2024. Approved by DSS on March 28, 2024.
Updated	January 2025	Clinical Guideline updated to separate criteria for a bath/shower chair (E0240) and other bathing and toileting equipment (E0625, E1399). Procedure updated to separate the clinical

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		<p>information needed for all bathing and toileting equipment versus the clinical information needed for certain bathing and toileting equipment (E0170, E0625, E1399). Additional Resources and References updated. Changes approved at the January 8, 2025, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on March 17, 2025. Approved by DSS on April 3, 2025.</p>
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