

LCD for Commodes (L11497)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11497

LCD Title

Commodes

Contractor's Determination Number

COM

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CMS National Coverage Policy

CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 09/01/2009

Revision Ending Date

Indications and Limitations of Coverage 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 an illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

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

1. The patient is confined to a single room, or
2. The patient is confined to one level of the home environment and there is no toilet on that level, or
3. The patient 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 patient who weighs 300 pounds or more. If the patient weighs less than 300 pounds but the basic coverage criteria for a commode chair are met, payment will be based on the least costly medically appropriate alternative, E0163.

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

A commode chair with seat lift mechanism (E0170, E0171) is covered if the patient has medical

LCD Information

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 patient to walk after standing. If the patient can ambulate, he/she would rarely meet the coverage criterion for a commode. Therefore, if the patient 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.

Coverage Topic

Commode Chairs
Durable Medical Equipment

Coding Information

CPT/HCPCS Codes

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 on file

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:

E0163 COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS

E0165 COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS

E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY

E0168 COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH

E0170 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE

E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE

E0172 SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE

E0175 FOOT REST, FOR USE WITH COMMODE CHAIR, EACH

E0244 RAISED TOILET SEAT

ICD-9 Codes that Support Medical Necessity

Not specified.

Diagnoses that Support Medical Necessity

Not specified.

Coding Information

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified.

General 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" (42 U.S.C. section 1395l(e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician'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.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request.

Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

GA, GY, GZ AND KX MODIFIERS:

For all commodes (E0163-E0171), if it is used as a raised toilet seat by positioning it over the toilet, the GY modifier must be added to the code and the GA, GZ, or KX modifier must not be used. (Refer to the related Policy Article for additional information.)

For all commodes (E0163-E0171), if it is 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 Indication and Limitations of Coverage and/or Medical Necessity section have been met.

In addition, for a commode chair with seat lift mechanism (E0170 and E0171), the KX modifier must only be used if the patient meets all of the criteria for a seat lift mechanism.

If all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section have not been met and the commode is not used as a raised toilet seat, 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.

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

Appendices

Utilization Guidelines

General Information

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

03/30/1993

End Date of Comment Period

05/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

COM008

Revision History Explanation

Revision Effective Date: 09/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Removed: Reference to DMERC.

HCPCS CODES AND MODIFIERS:

Added: GA and GZ modifiers.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for the use of GA, GY, and GZ modifiers.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11497 from DME PSC TriCenturion (77011) LCD L11497.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Removed: Downcoding paragraph for E0164 and E0166.

HCPCS CODES AND MODIFIERS:

Added: E0172 and E0244.

Removed: E0164 and E0166.

Revised: E0163, E0165, and E0167.

DOCUMENTATION REQUIREMENTS:

General Information

Removed: References to DMERC.

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Removed: LCA statement for E0165.

Revised: Statements related to E0165.

Revised: Statements for commodes E0170 and E0171.

HCPCS CODES:

Added: E0170 and E0171.

Deleted: E0169

DOCUMENTATION REQUIREMENTS:

Added: E0170, E0171 as requiring the KX modifier if criteria for seat lift mechanism is met.

Removed: Requirement for documentation of weight to be submitted on claim with E0168.

Revision Effective Date: 04/01/2005

Documentation Requirements:

Corrected: E0169 definition.

Revision Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article.

HCPCS CODES AND MODIFIERS:

Added GY modifier

DOCUMENTATION REQUIREMENTS:

Added: All codes now require the KX modifier.

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY modifier to HCPCS Modifier array.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Standard language concerning coverage of items without an order.

Added: Standard language concerning EY modifier.

CODING GUIDELINES:

Moved: Definition of extra wide /heavy duty commode chair (E0168) to Coding Guidelines section.

DOCUMENTATION:

Added: Standard language concerning an order requirement.

Added: Standard language concerning use of the EY modifier.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

07/01/2002 - Replaced SADMERC reference with paragraph referring to SADMERC Web site.

04/01/2002 - Added new HCPCS E code replacing K code for extra wide, heavy-duty commodes. Added new HCPCS code for commode with seat lift mechanism and coverage criteria allowing for its reimbursement. Added a new KX modifier to be used with a commode with seat lift mechanism if coverage and payment rules have been fulfilled.

09/01/1999 – Added HCPCS code K0457 (extra wide/heavy duty commode chair). Added definition for extra wide/heavy duty commode chair. Revised Coverage and Payment Rules section. Added K0457 to bundling table in Coding Guidelines section. Added information for K0457 in Documentation section.

General Information

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A23661 - Commodes - Policy Article - Effective September 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Commodes - Policy Article - Effective September 2009 (A23661)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A23661

Article Type

Article

Key Article

Yes

Article Title

Commodes - Policy Article - Effective September 2009

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Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

04/01/2005

Article Revision Effective Date

09/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

A raised toilet seat 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 noncovered because it is not medical in nature.

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 patient 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 patient is seated, allowing the patient 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.)

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 patient 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.

Column I	Column II
E0163	E0167
E0165	E0167
E0168	E0167
E0170	E0167, E0627, E0628, E0629
E0171	E0167, E0627, E0628, E0629

Article Information

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coverage Topic

Commode Chairs
Durable Medical Equipment

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Other Comments

Revision History Explanation

Revision Effective Date: 09/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A23661 from DME PSC TriCenturion (77011) Article A23661.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

NON-MEDICAL NECESSITY COVERAGE & PAYMENT RULES:

Added: Noncoverage statement for toilet seat lift mechanisms.

CODING GUIDELINES:

Added: Definitions of toilet seat lift mechanism and raised toilet seat.

Removed: E0164 and E0166 from bundling table.

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

Coding Guidelines:

Added: E0170 and E0171, to table with HCPCS codes included in above mentioned codes when billed.

Added: Definition of E0170 and E0171.

Revision Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article.

NON-MEDICAL NECESSITY COVERAGE & PAYMENT RULES:

Defined: Noncovered use of a commode chair.

Related Documents

Other Information

LCD(s)

[L11497 - Commodes](#)