

Commodes and Bath Aids

Documentation Requirements Bath Aids

Medicare

★ Non-Covered

Medicaid

- ★ Bathroom Safety Prescription
- ★ Face to face with treating practitioner
 - ☐ The visit must be related to the primary condition requiring the equipment.
 - ☐ The visit must be within 6 months of the written order.

Commercial

- ★ Dependent on insurance policy whether items are covered.
- ★ Bathroom Safety Prescription
- ★ Progress notes documenting medical necessity of the item(s).

Documentation Requirements Commodes

All payors

- ★ Bath Aids Prescription
- ★ Medical records (see below)

Medical Record Requirements

- ★ Face to face visit with treating practitioner. Additional clinician notes (PT, OT, etc.) can be used to support medical necessity but cannot take the place of the face-to-face visit. Records must support:
 - ☐ The patient is physically incapable of utilizing regular toilet facilities because of one of the following:
 - They are confined to a single room.
 - They are confined to one level of the home and there is no toilet on that level.
 - They are confined to the home and there are no toilet facilities in the home.
- ★ For heavy duty commodes, records must support the patient weighs 300 lbs. or more.
- ★ For drop arm commodes, records must support the patient needs the detachable arms to transfer to/from the commode or because the patient has a body configuration that requires extra width.

The content and interpretation of this information is subject to change without notice. Documentation requirements vary by payor and additional may be requested by individual payor quidelines. Medicare NCD quide link: https://med.noridianmedicare.com/web/jddme/policies/lcd/active