

The Office of Vermont Health Access Medical Guidelines

Subject: Toileting Equipment: Commodes, sitz baths, raised toilet seats, toilet frames

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Revision 3:

Revision 2:

Revision 1:

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Description of Service or Procedure

A commode chair is a device which serves as a toilet or toilet seat, but which is not connected to a plumbing system. It may be positioned over an existing toilet to provide support, or may be freestanding. Certain commode devices have positioning components for additional support.

A sitz bath is a device which allows soaking of the perineal area to relieve discomfort from perineal ailments such as hemorrhoids, anal fissures, or an episiotomy.

A raised toilet seat is a device which sits on the toilet bowl, increasing the height of the bowl, to enable a safe sit to stand transfer.

A toilet frame is a device which attaches to the toilet seat bolts, creating armrests for the toilet, to enable a safe sit to stand transfer and to prevent lateral falls.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's Aid Category. Prior Authorization is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.1](#) Criteria for services requiring prior authorization: "...less expensive appropriate alternatives to the health service are generally available..."

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7505.5](#) Non-covered Services

Coverage Position

Toileting equipment may be covered for those individuals who:

- Are VT Medicaid beneficiaries on the date of service, AND
- When this device is prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable regarding safe mobility and who provides medical care to the beneficiary, AND
- Who meets the clinical guidelines below.

Coverage Guidelines

A **commode chair** may be covered for the beneficiary who:

- Is unable to access the standard toilet facilities in his/her home due to a medical condition, OR
- Has a medical condition that results in the need for additional support(s) to enable safe toileting.

An extra wide/heavy duty commode chair may be appropriate for beneficiaries that meet the above guidelines AND have a hip width greater than or equal to 23 inches and/or weigh more than 300 pounds.

Note: For coverage of a commode chair with positioning components, additional documentation must be provided demonstrating the medical necessity of the specific device requested and each component. Unsuccessful trial/consideration of all less expensive devices must be documented.

A **sitz bath** may be covered if there is a documented ailment in the perineal area.

A **raised toilet seat** may be covered for beneficiaries that can not perform safe sit to stand transfers to the toilet due to leg muscle weakness or surgical precautions. This device may not be appropriate for individuals with balance issues.

A **toilet frame** may be covered for beneficiaries that can not perform safe sit to stand transfers to the toilet due to leg muscle weakness or surgical precautions or who have balance issues that require upper extremity stabilization during toileting.

Considerations: Mobile commodes must be used with caution as the brakes can be ineffective; the commode may move during a transfer. Care must also be given for individuals with fragile skin during transfers and during sitting upon a commode. Use of a commode without a caregiver present may result in a safety risk for some individuals with balance, judgment and/or mobility impairments. Raised toilet seats may be inadequately stable for individuals with balance issues.

It is recommended that a Physical or Occupational Therapist perform a home assessment to determine the appropriate device, given the beneficiary's medical condition, mobility status, and the physical plant of the home.

Clinical guidelines for repeat service or procedure

- When the device has been outgrown, OR
- When the device no longer meets the medical needs of the beneficiary, OR
- When the device is no longer functional through normal wear and tear (expected to be at least 5 years)

Type of service or procedure not covered (this list may not be all inclusive)

Any device or component that does not have documented medical necessity justification. Per 7102.2, the device covered shall be the least expensive, medically necessary device.

Duplicate devices for multiple bathrooms are not covered.

Any device that requires Home Modifications is not covered. For example, the OVHA does not cover grab bars for walls alongside toilets, because they are permanently affixed to the wall, require specific placement into wall studs for safety, and are not placed by medical supply providers to ensure proper placement and security. Toilet frames and raised toilet seats are not considered home modifications because they are not permanently affixed, require no tools to install and can be correctly placed by any lay person.

Bidets are not covered because they are not “primarily and customarily used to serve a medical purpose” (7505) and because they are primarily hygienic and nature (7505.5). Bariatric individuals that can not reach to wipe themselves should be referred to an Occupational Therapist for assessment of the use of wiping tools.

References

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The Medicaid Rule only lists coverage availability, it does not guarantee individual determinations of medical necessity. Please check with the appropriate department to determine if the service/item in question is a covered service/item under a particular benefit plan. Use of Medicaid rule is not intended to replace independent medical judgment for treatment of individuals.

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