



DETAILED WRITTEN ORDER

Homecare Dimensions

Document #: **09.DWO.HCD.16b**
Effective: **09/15/2009**

Rev.: **B**

Title: **Bedside Commode**
E0163, E0165, E0168

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Initial Date of Medical Necessity: _____

Patient Name: _____ Medicare #: _____

Address: _____ City: _____ ST: _____ Zip Code _____

Phone #: _____ Cell #: _____ DOB: _____

Email: _____ Length of Need: _____ (99 = Lifetime)

Diagnosis Code: _____

Medical records: The patient's medical record, **to be supplied with this order**, must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). A commode is covered when the patient is physically incapable of utilizing regular toilet facilities.

Equipment Ordered: All commodes are billed using the specific codes listed in the Local Coverage Determination regardless of their stated weight capacity

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	E0163	Commode chair, mobile or stationary, with fixed arms
	E0165	Commode chair, mobile or stationary, with detachable arms
	E0168	Commode chair, extra wide and/or heavy duty stationary or mobile, with or without arms, any type

Treating Physician Signature: _____ Date: _____

Treating Physician Name: _____ NPI: _____

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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 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.

Basic Coverage Criteria for Commodes: The Medical Records documenting that the patient is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:

- The patient is confined to a single room, or
- The patient is confined to one level of the home environment and there is no toilet on that level, or
- The patient is confined to the home and there are no toilet facilities in the home.

Claims for Commode with Detachable Arms (E0165): A commode chair with detachable arms 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.

Claims for Extra wide/Heavy Duty Commode (E0168): An extra wide/heavy duty commode chair is covered for a patient who weighs 300 pounds or more.

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