



## Commode Chairs with Seat Lift Mechanism

Published: 09/01/2023

Next Review: 07/2024

Last Review: 07/2023

Medicare Link(s) Revised: 09/01/2023

### IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

## DESCRIPTION

A commode is a portable toilet for patients who are unable to use regular bathroom facilities. A variety of commodes have been developed to meet patients' needs, including commodes with seat lift mechanisms.

## MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals\* None

National Coverage Determinations (NCDs)\* None

**Noridian Healthcare  
Solutions (Noridian) Local  
Coverage Determinations  
(LCDs) and Articles (LCAs)\***

- ✓ Commodes ([L33736](#))
- ✓ Seat Lift Mechanisms ([L33801](#))

*“Commode chair with seat lift mechanism (E0170, E0171) is covered if the beneficiary has medical necessity for a commode and meets the coverage criteria for a seat lift mechanism... However, a commode with seat lift mechanism is intended to allow the beneficiary to walk after standing. If the beneficiary can ambulate, he/she would rarely meet the coverage criterion for a commode...” (LCD L33736)*

\*\*Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Medical records and chart notes must document the following:
  - The member has been diagnosed with severe arthritis of the hip or knee or have a severe neuromuscular disease;
  - The member is physically incapable of utilizing regular toilet facilities;
  - The beneficiary must be completely incapable of standing up from a regular armchair or any chair in their home, but once standing, the beneficiary must have the ability to ambulate.

## CROSS REFERENCES

None

## REFERENCES

None

## CODING

Codes	Number	Description
CPT	None	

---

<b>Codes</b>	<b>Number</b>	<b>Description</b>
<b>HCPCS</b>	E0170	Commode chair with integrated seat lift mechanism, electric, any type
	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type

---

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.