



Health & Human Services

## COMMODES/CHAIRS

Service Authorization: None

CMN: None

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: November 2023

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### Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following condition is present:

- The member is physically incapable of utilizing regular toilet facilities, the member is confined to a single room, one level of the home, and there is no toilet on that level, or he/she is confined to the home and there are no toilet facilities in the home.
- Extra wide/heavy duty (E0168) allowed if member weighs more than 300 lbs.
- Mobile chair (E0164, E0166) is not medically necessary and is non-covered/ no exceptions.
- Commode chair with detachable arms (E0165) allowed if necessary to facilitate transferring the member.
- Commode chair with seat lift mechanism (E0170, E0171) is non-covered/no exceptions.
- Limited to one commode every seven years.

### Documentation Requirements:

Reference the DME Manual for required documents for the member's file needed for post pay audit purposes.

### Non-covered:

- Raised toilet seats are non-covered/no exceptions.
- A commode chair that is used as a raised toilet seat by positioning it over the toilet is non-covered/no exceptions.
- Footrest (E0175) is non-covered. Not medical in nature/no exceptions.



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Date Revised	Revisions
February 2017	Reviewed and revised.
November 2019	Reviewed. Documentation requirements section deleted "and the General Information Provider Manual". Header logo replaced with new logo.
December 22, 2022	Updated with new logo
November 29, 2023	Reviewed and reformatted. No changes made.