



PROVIDER POLICIES & PROCEDURES

Bathing and Toileting Equipment

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for bathing and toileting equipment. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Bathing and toileting are among the activities of daily living that are considered essential to health and personal hygiene. Bathing and toileting equipment used to address the individual's personal hygiene tasks must meet the definition of durable medical equipment (DME) by withstanding repeated use, being primarily used to serve a medical purpose within the individual's home, generally not useful in the absence of an illness or injury; and is non-disposable. Some equipment may be multi-functional and address both bathing and toileting needs.

CLINICAL GUIDELINE

Coverage guidelines for bathing and toileting equipment are made in accordance with the Department of Social Services (DSS) Definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail.

Bathing and toileting equipment may be considered medically necessary for individuals who have physical limitations that do not allow for bathing, showering, or toileting without specialized equipment. The specific type of equipment, including its features and postural components, requires a comprehensive analysis of the individual's physical capacities and limitations, current hygiene and transfer methods, safety issues, caretaker support, and home environmental factors.

Bathing and toileting equipment may be considered medically necessary for individuals with physical disabilities when:

1. The requested bathing and toileting equipment is used for within the individual's home; and
2. The individual is bedroom-confined, unable to perform hygiene tasks without being seated, unable to transfer to and from a bathtub, shower, or toilet seat without assistance, and/or to address an injury or infection of the perianal area; and
3. The individual is unable to safely use standard bathing and toileting equipment such as a transfer tub seat, tub stool or bench, standard commode, raised toilet seat; and
4. The individual requires specific features and/or postural components for safe toileting and/or bathing that are unavailable with standard bathing and toileting equipment; and
5. There is documentation confirming the individual's safety and tolerance during actual trial or simulation of the specific features, positioning components and transfer method for the requested bathing and toileting equipment; and

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Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

6. There is actual or simulated evidence that the equipment fits in areas/rooms where it will be used; and
7. There is consideration for combining the bathing and toileting needs into one piece of equipment; and
8. Home modifications are not needed for use of the requested equipment.

Repair, Adjustment and Replacement of Parts and Accessories

Repair, adjustment, and replacement of parts and accessories necessary for the normal and effective functioning of the bathing and/or toileting equipment is covered when the above criteria are met. However, requests for repairs, adjustments and replacement of parts may be considered medically necessary for individuals not meeting the above criteria based on an assessment of the individual and their unique clinical needs. An updated evaluation may be requested if it is determined that the person's medical condition or typical activities of daily living have changed since receiving the current equipment.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization for bathing and toileting equipment (HCPCS codes E0240 and E1399) is required. Refer to the DSS Fee Schedule www.ctdssmap.com for hygiene equipment that does not require prior authorization; e.g., commode chair, raised toilet seat, tub stool. Requests for coverage of bathing and toileting equipment will be reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for bathing and toileting equipment (E0240, E1399):

1. Fully completed Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal;
2. A prescription from a licensed practitioner enrolled in the Connecticut Medical Assistance Program (CMAP);
3. Documentation describing an evaluation with recommendations from a Connecticut licensed occupational therapist, physical therapist, or registered nurse, performed within three (3) months prior to submission of the prior authorization request, which meets the criteria in the above Clinical Guideline. The clinical documentation must include all of the following as related to bathing and/or toileting tasks:
 - a. Individual's medical condition as it relates to the need for the requested bathing and/or toileting equipment, including a description of the individual's functional mobility, transfers, motor control, postural alignment, strength, tone, coordination, balance, and range of motion;
 - b. Individual's height and weight, and general strength/health of primary caretaker if applicable;

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- c. List of current durable medical equipment used to address the individual's hygiene needs within the individual's home, including manufacturer, model, date of purchase, and special features; i.e., hygiene equipment, wheeled mobility device, ambulation device, patient lift or other transfer equipment;
 - d. Effectiveness of current functional strategies and DME used during hygiene tasks;
 - e. Clinical documentation confirming the individual's safety for use, tolerance, and transfers based upon actual trial and/or simulation of the requested equipment and its components;
 - f. Documented evidence that the requested bathing and/or toileting equipment addresses the individual's anticipated medical or home environment changes;
 - g. Documentation regarding other or less costly alternatives and reason for ineffectiveness, including:
 - i. repairs or additions to current toileting and bathing equipment;
 - ii. other functional strategies and/or DME evaluated or simulated;
 - iii. using multi-purpose equipment for bathing and toileting needs; and
4. A detailed product description including manufacturer, model/part number, product description, HCPC code, unit(s), and for E1399, the manufacturer's suggested retail purchase price and Actual Acquisition Cost (AAC) which includes all manufacturer and volume discounts.

EFFECTIVE DATE

This Policy is effective for prior authorization requests for Bathing and Toileting Equipment for HUSKY Health Program individuals on or after May, 1, 2017.

LIMITATIONS

Not Applicable

CODES

Code	Description
E0240	Bath/shower chair with or without wheels any size
E1399	Durable medical equipment, miscellaneous

DEFINITIONS

1. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers;

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- (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
2. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- CMS, Health Care Procedural Coding System Level II Manual: 2017
- DSS Pricing Policy – Manually Priced Codes of Durable Medical Equipment (DME), Medical Surgical Supplies, Orthotics and Prosthetics, Parenteral and Enteral Supplies. www.huskyhealthct.org/providers/provider_postings/policies_procedures/DSS_Pricing_Policy_for_MEDS_Items.pdf
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- Pricing, Data Analysis and Coding www.dmepdac.com
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- Edelman M, Ficorelli C. Keeping older adults safe at home. *Nursing*. 2012; 42(1):65-66. Home Safety for People with Alzheimer's Disease. National Institute on Aging. www.nia.nih.gov/alzheimers/publication/home-safety-people-alzheimers-disease
- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&bc=AgAAQAAAAAAAA&ncdver=2
- Centers for Medicare and Medicaid Services (CMS). Commodes Policy Article 2015 (A52461) www.medicarenhic.com/dme/mrlcdcurrent.aspx
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PUBLICATION HISTORY

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