



REQUIRED DOCUMENTATION

All Claims for Commodes

- Standard Written Order (SWO)
Order Date
General description of the item
Quantity to be dispensed, if applicable
Treating Practitioner Name or NPI
Treating Practitioner's signature
Standard Written Order was obtained prior to submitting the claim to Medicare
Any changes or corrections have been initialed/signed and dated by the ordering practitioner

Table with 3 columns: Direct Delivery, Shipped/Mail Order Tracking Slip, and Shipped/Mail Order Return Post-Paid Delivery Invoice. Each column lists required documentation items with checkboxes.

Medical Records

- A commode is covered when the beneficiary is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:
1. The beneficiary is confined to a single room, or
2. The beneficiary is confined to one level of the home environment and there is no toilet on that level, or



- 3. The beneficiary is confined to the home and there are no toilet facilities in the home.
- An extra wide/heavy duty commode chair (E0168) is covered for a beneficiary who weighs 300 pounds or more.
- A commode chair with detachable arms (E0165) is covered if the detachable arms feature is necessary to facilitate transferring the beneficiary or if the beneficiary has a body configuration that requires extra width.

REMINDERS

KX, GA, GY, AND GZ MODIFIERS:

- For commodes (E0163, E0165, E0168, E0170, and E0171) used as a raised toilet seat by positioning it over the toilet, the GY modifier must be added to the code, and the KX, GA, or GZ modifier must not be used.
- For commodes (E0163, E0165, E0168, E0170, and E0171) not used as a raised toilet seat, the KX modifier must be added to the code only if all of the coverage criteria as described in the Coverage Indication, Limitations and/or Medical Necessity section of the related LCD have been met.
- For commode chairs with seat lift mechanism (E0170 and E0171), the KX modifier must be added to the code only if the beneficiary meets all of the criteria for a seat lift mechanism.
- A raised toilet seat (E0244), toilet seat lift mechanisms (E0172), footrest (E0175), and bidets and bidet toilet seats are non-covered.

ONLINE RESOURCES

- **Local Coverage Determination (LCD) and Policy Articles (PAs)**
 - **JB:** <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
 - **JC:** <https://www.cgsmedicare.com/jc/coverage/LCDinfo.html>
- **DME MAC Supplier Manual**
 - **JB:** <https://www.cgsmedicare.com/jb/pubs/index.html>
 - **JC:** <https://www.cgsmedicare.com/jc/pubs/index.html>

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the DME MAC Supplier Manual and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.