

Subject: Durable Medical Equipment: Bath Aids for Medicaid

Medical Policy: 48.0

Status: Reviewed

Original Effective Date: 03-23-2022

Last Annual Review Date: 03-26-2025

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Background

This policy only applies to Medicaid members.

Various items described as bath aids are considered a covered benefits under the Medicaid program. Bath aids are covered when medical necessity criteria are met.

Bathing and personal hygiene are Activities of Daily Living. The ability to safely perform these activities in a setting of maximized functional independence is the goal. Bath aids are available to facilitate safe access and promote self-care.

Description

Standard bath/shower with or without a back (E0240) or Tub stool or bench (E0245): A bath/shower chair sits in the bathtub or shower for bathing in the seated position

Transfer bench (E0247): A tub transfer bench goes across the side of the tub and allows a member to safely slide into the tub and sit for bathing

Standard heavy-duty bath/shower chair with or without a back (E0240): Heavy duty equipment is when the member meets the above listed criteria for a bath/shower chair **and** has documentation of the member's weight being 300 pounds or more

Heavy Duty Transfer Bench (E0248): Heavy duty equipment is when the member meets the above listed criteria for a transfer bench **and** has documentation of the member's weight being 300 pounds or more

Bath tub wall rails (E0241) and Bath tub floor rails (E0242) are covered when medically necessary

Toilet rail (E0243) are covered when medically necessary

Toilet seat raiser (E0244) are covered when medically necessary

Specialty bath/shower chair with or without tilt/Miscellaneous Accessories (E1399): Specialty bath/shower chairs are covered when a member requires postural support and stability while bathing. The frame is adjustable to provide tilt and recline to meet various positioning needs, including pressure relief. The chair can be rolled into the bathroom and the shower area for bathing.

Required Clinical Documentation for Review

Documentation Requirements:

- A written order from a licensed healthcare practitioner who is familiar with the member.
- If non-standard equipment is requested, documentation to support medical need for such bath aids
- Miscellaneous Accessories HCPCS code (E1399) require supporting documentation of medical necessity, and accompanied by manufacturer's invoice

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

This benefit description is only applicable to beneficiaries of the Medicaid program.

Bath aids are not covered benefits for Commercial and Medicare benefit plans.

All bath aid equipment should have the following characteristics and should meet the following requirements:

- Is prescribed by a licensed healthcare provider, who is familiar with the member and their medical needs, **and**
- Can withstand repeated use, **and**

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

- Is solely for the use of the individual beneficiary, **and**
- Is appropriate for use in the client's place of residence, **and**
- Meets the member's motor, visual or coordination deficits. Their deficits are the result of a neurologic, developmental or other debilitating condition. Medical conditions can include neurological, developmental or debilitating conditions which result in chronic motor, visual, coordination deficits which results in the need for safe seating while bathing or toileting.

Additional criteria for Specialty Bath/Shower Chair:

In addition to the above criteria, documentation should support:

- Inability of the member to get in/out of tub independently.
- Has had a successful trial of the requested equipment, or a close simulation of that equipment.
- All accessories must be medically justified.

PHP considers coverage when a member meets any one of the following conditions:

- Has extensive weakness, contractures, or abnormal tone requiring full body support; **or**
- Requires total assistance for transfers and bathing; **or**
- Has a medical need to be tilted into a reclined position when upright; **or**
- Requires pressure relief at all times when sitting.

Accessories such as bath/shower chair lateral supports, chest or pelvic straps, foot plates, elevating leg rests, or wedge and pommel cushions are considered medically necessary when a member requires additional support to maintain the head or trunk in proper alignment or to maintain the member safely on the bath/shower while bathing.

One item of covered equipment per member every 5 years, unless there is a significant change in medical condition or body size.

Replacement of Equipment:

- Member must continue to meet criteria for medical necessity, including prior authorization if required for similar new equipment
- All replacement equipment must include documentation of a current (within 6 months) face-to-face evaluation by the treating healthcare provider or therapist supporting medical need for the replacement equipment.

Exclusions

- Acute recoverable medical conditions, injury or surgical procedure not resulting in a debilitating, chronic condition which results in motor, visual or coordination deficit(s) which result in the need for seating while bathing.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPSC Code	Code Description
E0240	Bath/shower chair, with or without wheels, any size
E0241	Bath tub wall rail, each
E0242	Bath tub rail, floor base
E0243	Toilet rail, each
E0244	Toilet seat raiser, each
E0245	Tub stool or bench
E0246	Transfer tub rail attachment
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening
E1399	Specialty bath/shower chair with or without tilt/Miscellaneous Accessories

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White, MD

Senior Medical Director: Jim Romero MD

Date Approved: 03-26-2025

References

1. New Mexico Administrative Code (NMAC) 8.324.5 Durable Medical Equipment, Oxygen and Medical Supplies. [Cited 02/05/2025]

Publication History

- 03-23-2022 Original effective date. Reviewed by Medical Policy Committee on 03-09-2022. These codes will require PA: E0240, E0245, E0247, E0248, E0241, E0242, E0243 and E1399
07-08-2022: Update to include toilet seat raiser, HCPCS code (E0244), added with no criteria changes. Code will continue to require PA.
- 03-22-2023 Annual review. Reviewed by Medical Policy Committee on 02-03-2023. No change to criteria and continue coverage for Medicaid only. Added code E0246 which already requires PA. Set to configure Commercial and Medicare as a non-covered benefit for codes for E0240, E0245, E0246, E0247, E0248, E0241, E0242, E0243, E0244.
- 03-20-2024 Annual review. Reviewed by Medical Policy Committee on 01/05/2024. No change to criteria and continue coverage for Medicaid only. Continue PA requirement E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248 and E1399.
- 03-26-2025 Annual review. Reviewed by Medical Policy Committee on 02/05/2025. Continue coverage for Medicaid only. No change to the homegrown criteria. Continuing PA requirement E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248 and E1399. Continue config for Commercial and Medicare as a non-covered benefit for codes for E0240, E0245, E0246, E0247, E0248, E0241, E0242, E0243, E0244.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.