STATE OF IOWA DEPARTMENT OF
Health and Human
SERVICES

Shower/Commode Chair
DME-017

Iowa Medicaid Program:	Prior Authorization	Effective Date:	1/21/2011
Revision Number:	9	Last Rev Date:	4/19/2024
Reviewed By:	Medicaid Medical Director	Next Rev Date:	4/18/2025
Approved By:	Medicaid Clinical Advisory Committee	Approved Date:	5/23/2018

Criteria

Prior authorization is required.

ALL the following must be met:
1. The member is not able to stand for the duration of a shower or get in and out of a bathtub; **AND**
2. The member does not already have a bath chair that meets their needs; **AND**
3. The member needs support while sitting; **AND**
4. The member needs support for toileting; **AND**
5. The shower/commode chair will fit into member's bathroom and shower. Tilt-in-space is allowed if member needs to be tilted back for safety or pressure relief.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
E0240	Bath/shower chair, with or without wheels, any size.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.
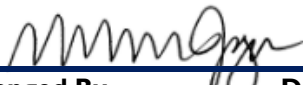
Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage

decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
4/19/2024	CAC	Annual review.	9
Signature William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
4/21/2023	CAC	Annual review.	8
Signature William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
4/15/2022	CAC	Annual review.	7
Signature William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
4/16/2021	CAC	Annual review. Minor formatting changes.	6
Signature William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
4/21/2017	CAC	Added HCPCS Code E1399.	5
Signature C. David Smith, MD			
Change Date	Changed By	Description of Change	Version
4/17/2015	CAC		4
Signature			

Criteria Change History (continued)

Change Date	Changed By	Description of Change	Version
4/18/2014	Medical Director	Added paragraph in References.	3
Signature			

Change Date	Changed By	Description of Change	Version
7/19/2013	CAC	Removed "and/or" in previous title to Shower/Commode Chair.	2
Signature			

Change Date	Changed By	Description of Change	Version
1/18/2013	CAC	In Criterion #3 and #4 removed "upper body". Removed Criterion #6 and added it to Criterion #5.	1
Signature			