



MO HealthNet PA Criteria Proposal V 1.3

Medical Procedure Class:	<b>Commodes, bed pans, urinals; E0163NU, E0163RR, E0165NU, E0165RR, E0168NU, E0168RR, E0275NU, E0276NU, E0325NU, E0326NU</b>
Implementation Date:	<b>January 8, 2009 – Demo January 9, 2009 – Smart PA Implementation January 15, 2009 – CyberAccess Implementation</b>
Prepared for:	<b>MO HealthNet</b>
Prepared by:	<b>ACS-Heritage Information Systems, Inc.</b>

**New Criteria**

**Revision of Existing Criteria**

**Executive Summary**

<b>Purpose:</b>	To allow a consistent and streamlined authorization process of commodes, bed pans and urinals.
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
<b>Procedures subject to Pre-Certification</b>	<p>E0163: commode chair, mobile or stationary, with fixed arms</p> <p>E0165: commode chair, mobile or stationary, with detachable arms</p> <p>E0168: commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each</p> <p>E0275: bed pan, standard, metal or plastic</p> <p>E0276: bed pan fracture, metal or plastic</p> <p>E0325: Urinal; male, jug/type, any material</p> <p>E0326: Urinal; female, jug/type, any material</p>
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants

<b>Data Sources:</b>	<input checked="" type="checkbox"/> <b>Medicare LCD</b>	<input checked="" type="checkbox"/> <b>MHN Policy</b>
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## Setting & Population

All MO HealthNet fee-for-service patients.

## Approval Criteria

Due to a medical condition patient is incapable of utilizing standard toilet facilities because of one of the following:

- a. confinement to a single room; or
- b. confinement to a single level of a home with no available toilet facilities.

## Denial Criteria

Will be denied if any of the approval criteria are not met.

## Approval Period

Purchase: 90 days  
Rental: Physician specified length of need up to 10 months (Considered purchased after 10 months of rental)