



MO HealthNet Pre-Certification Criteria Proposal

Medical Procedure Class:	Commodes, bed pans, urinals; E0163NU, E0163RR, E0165NU, E0165RR, E0168NU, E0168RR, E0275NU, E0276NU, E0325NU, E0326NU
Implementation Date:	January 15, 2009

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process of commodes, bed pans and urinals.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th 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.	
Procedures subject to Pre-Certification	<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>	
Setting & Population:	All MO HealthNet fee-for-service participants	
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

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.

Appendix A: Possible Questions for Step 1 and Step 2

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

1. Can regular toilet facilities not be utilized due to confinement to a single room because of a medical condition?
2. Due to a medical condition, can regular toilet facilities not be utilized due to confinement to one level of a home?
3. What does the patient weigh? (in pounds)_____
4. What is the duration of need? (In months)_____
5. Is there a written physician order for this device?