

Amex Pharmacy Bedside Commodes Order Form

It is important to note that even though you may complete and sign a form attesting that all of the coverage requirements have been met, there also must be documentation in your records to indicate that you are managing the patient, and that one of the conditions listed below is present. Send a copy of the most recent patient visit specifying that this equipment is being ordered, which must have taken place within the last 6 months item.

A commode is covered when the patient is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:

- 1) The patient is confined to a single room, or
- 2) The patient is confined to one level of the home environment and there is no toilet on that level, or
- 3) The patient 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 patient who weighs 300 pounds or more. If the patient weighs less than 300 pounds but the basic coverage criteria for a commode chair are met, payment will be based on the least costly medically appropriate alternative, **E0163**.

A commode chair with detachable arms (**E0165**) is covered if the detachable arms feature is necessary to facilitate transferring the patient or if the patient has a body configuration that requires extra width. If coverage criteria are not met, payment will be denied as not medically necessary.

Commode chair with seat lift mechanism (**E0170, E0171**) is covered if the patient has medical necessity for a commode and meets the coverage criteria for a seat lift mechanism (see Local Coverage Determination [LCD] and Policy Article on Seat Lift Mechanisms). However, a commode with seat lift mechanism is intended to allow the patient to walk after standing. If the patient can ambulate, he/she would rarely meet the coverage criterion for a commode. Therefore, if the patient is capable of walking from the bed to the bathroom, KX modifier must not be added to the code for the commode with seat lift mechanism.

DETAILED WRITTEN ORDER

Patient: _____ **Date of Birth:** ____/____/____ **Weight** _____
Address: _____ **Phone:** _____ **Height:** _____
Medicare number: _____ **Secondary Ins:** _____

Diagnosis: _____ **Length of need:** _____

Medically necessary equipment/ item: _____

NO STAMPED SIGNATURE OR DATE PERMITTED

Physician Signature: _____ **Date:** _____

Physician Name: _____ **NPI #:** _____

Physician Address: _____

Physician phone: _____ **Fax:** _____

PLEASE FAX BACK TO: AMEX PHARMACY 713-227-1130 (FAX) 713-237-9301 (PHONE)