

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage criteria for combination shower commode chairs and accessories

Combination Shower Commode Chair and Accessories Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for combination shower commode chairs and accessories. This policy does not apply to “shower only” chairs, as they are not covered under Montana Healthcare Programs.

2. Coverage Criteria for Combination Shower Commode Chair

To be eligible for coverage, all the following must be met:

- The member is unable to use a standard conventional toilet.
- The member is unable to get in and out of the shower independently and is unable to sit or stand in the bath and shower independently.
- A home assessment determines that shower/tub access is possible for the requested equipment.
- A home assessment confirms that once the equipment is placed in the shower/tub enclosure, the caregiver has adequate access to the member.
- Documentation that supports less costly alternatives will not meet the needs of the members.

Note, if a member requires a heavy-duty combination shower and commode chair, submitted documentation must include the medical provider's documented member weight.

3. Coverage Criteria for Accessories

- **Tilt and Recline Feature**
 - To be eligible for coverage of a tilt or recline feature, documentation must support the medical necessity of positioning the member in tilt and/or recline during toileting or showering.
- **Non-Standard Seating System**
 - To be eligible for coverage of a non-standard seating system, a member must meet one of the following:
 - Has a current decubitus that is stage 3 or 4, and
 - Requires the use of a shower commode chair for longer than 30 minutes; **OR**
 - Has no current decubitus ulcer, and

- Requires use of a shower commode chair for toileting sessions lasting 2 hours or longer, with documentation explaining why extended toileting duration is medically necessary; **OR**
 - Has physical dimensions (hip width or depth) that require a non-standard seat size.
- **Foot Plates**
 - To be eligible for coverage of foot plates, the member must have no functional use of the lower limbs.
 - **Elevating Leg Rests**
 - To be eligible for coverage for elevating leg rests, the member must have a musculoskeletal condition that prevents 90-degree flexion of the knee; or
 - meet the coverage criteria for the tilt and recline feature described above.

4. Authorization Requirements

All authorization requests must include documentation demonstrating that the applicable criteria above are met.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

5. Reimbursement

Montana Healthcare Programs will reimburse this code at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with ARM 37.86.1807.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.