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TO: Dr. FROM: CESCO Medical

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The Following is the exact verbiage from the Medicare LCD for qualifying coverage criteria for a DROP-ARM COMMODE:

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

1. The beneficiary is confined to a single room, or
2. The beneficiary is confined to one level of the home environment and there is no toilet on that level, or
3. The beneficiary is confined to the home and there are no toilet facilities in the home.

& A commode chair with detachable arms (E0165) is covered if the detachable arms feature is necessary to facilitate transferring the beneficiary or if the beneficiary has a body configuration that requires extra width.

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COMMODE, STATIONARY W/ DROP-ARMS
Rx

Dr. _____

NPI # _____

Patient Name _____ DOB _____

Diagnosis (ICD-10) _____

Y N Is the patient physically incapable of utilizing regular toilet facilities because of being confined to a room; or a floor without toilet facilities during the day and/or night?

Y N Are the detachable arms needed to facilitate the transfer of the patient or does the patient have a body configuration that requires extra width?

Length of Need ($99 = \text{Lifetime}$): _____ Months

Physician Signature

Date