Criteria Checklist

Alabama Medicaid Agency Extra Wide Heavy Duty Stationary or Mobile Commode Chair (E0168)

SPECIFIC CRITERIA The patient must meet all of the following:	
□ Pa	atient must be Medicaid eligible.
□ Pa	atient must have a physician's prescription.
□ Pa	atient must have an ACHN Referral.
☐ St	ubmitted documentation* must include patient's condition.
□ C	ommode chair documentation* includes weight, depth and width.
☐ D	ocumentation* of sufficient evidence to support replacement.
DIAGNOSIS CODES	
Please	e refer to Chapter 14 of the Provider manual for the ICD-10 crosswalk codes.
PROCEDURE CODES	
E0168	8
	mum yearly limits apply to the procedure code indicated above. Request for replacement of this code will be ad to once every two years based on a review of submitted documentation requested.
*Documentation may include notes from the patient chart.	