

# Bathroom safety items

Applies to:



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

Medicare Plus Blue<sup>SM</sup> PPO  Medicare Plus Blue<sup>SM</sup> Group PPO  Both

## Bathroom safety items

Bathroom safety items provide users a way to prevent falls.

## Original Medicare

Original Medicare doesn't cover bathroom safety devices.

## Medicare Plus Blue<sup>SM</sup> PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for over-the-counter bathroom safety items is provided to members under all individual Medicare Plus Blue PPO plans. Because Original Medicare doesn't cover these items, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost sharing are determined by Blue Cross.

The safety items covered by this benefit include:

- Shower/bathtub grab bar
- Tub stool or transfer bench
- Commode rails
- Elevated toilet seats

There is an annual maximum coverage limit of \$100.

## Excluded services

- Installation
- In-home assessment by health professional

## Conditions for payment

The table below specifies payment conditions for bathroom safety items.

Conditions for payment	
Eligible provider	DME / P&O supplier
Payable location	Home
Frequency	No restrictions – annual maximum coverage
HCP codes	E0241, E0243, E0244, E0245, E0246, E0247, E0248
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

# Blue Cross Blue Shield of Michigan

[bcbsm.com/providers](http://bcbsm.com/providers)

## Reimbursement

Medicare Plus Blue plan's maximum payment amount for bathroom safety items is available on our provider website on in the Medicare Plus Blue enhanced benefits [fee schedule](#). Note: The fee is based on individual consideration.

## Member cost sharing

- The member is responsible for any amount exceeding the \$100 maximum for the year.
- This benefit doesn't contribute to the member's plan level out-of-pocket maximums or to the member's plan level deductible.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Cross before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-866-309-1719.

## Member reimbursement

To be reimbursed for covered services, members must submit a request along with the following information to the address below:

- Member's name
- Member's Medicare Plus Blue PPO contract and group numbers
- Member's address
- Supplier's name and address
- Date of service
- Diagnosis
- Description of item
- Charges per item
- Bills or itemized statement
- Paid receipts

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## Revision history

Policy number: MAPPO 1002

Reviewed: 08/31/2022, 08/25/2021, 02/04/2021, 11/20/2020, 08/28/2019, 08/03/2018

Revised: 02/04/2021, 08/28/2019, 08/23/2016

02/04/2021: Added code E0246 to cover a transfer tub rail attachment.

08/28/2019: Removed Patient lift and code E0625 to align with the Evidence of Coverage. Added code E0247 to cover a specific patient transfer bench.

08/23/2016: revised formatting, removed reference to CAREN, updated hyperlinks, added revision history section.