

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 BlueSM PPO Medicare Plus BlueSM 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 PPO

Medicare Plus Blue plans provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSM 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 with Medicare Plus Blue PPO individual and select Medicare Plus Blue Group PPO plans.

These safety items include:

- Shower/bathtub grab bar and bench.
- Commode rails and elevated toilet seats.

Since Original Medicare doesn't cover bathroom safety items, the scope of the benefit, reimbursement method, maximum allowable payment amounts and member cost-sharing are determined by the member's plan.

- 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
HCPCS codes	E0241, E0243, E0244, E0245
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Reimbursement

Medicare Plus Blue plan's maximum payment amount for bathroom safety items is available on our provider website, bcbsm.com/provider/ma in the MA 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 benefit maximum for the year.
- This benefit does not contribute to the member's plan level out-of-pocket maximums.
- If the member receives a service that isn't covered, he or she is responsible for the entire charge associated with that service.

Providers may verify member benefits, including cost-share amounts, via web-Denis or call CAREN at 1-866-309-1719.

Billing instructions

To be reimbursed for covered services, members must send the following information to the address below:

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

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