

Commodes

[Select the appropriate scenario for the patient's condition. Add in patient's pertinent symptom and condition.]

If none of the scenarios apply to your patient's condition, they do not meet Medicare's coverage criteria.]

[Phrases]

1. Commode – Non-Mobile, Confined to Single Room

Due to ***** Symptom***** as a result of *****Condition***** patient requires the use of a commode as they are confined to as single room without toilet accessibility and are not able to use a mobility device to assist with toilet access as a result of *****Condition*****.

2. Commode – Non-Mobile, Confined to One Level of Home

Due to ***** Symptom***** as a result of *****Condition*****, patient requires the use of a commode as they are confined to a single level of the home without toilet accessibility and are not able to use a mobility device to assist with toilet access as a result of *****Condition*****.

3. Commode – Confined to Home without Toilet

Due to ***** Symptom***** as a result of *****Condition*****, patient requires the use of a commode as they are confined to a home where there are no toilet facilities within the home.