

November 21, 2023

<Provider Name>  
 <Provider Address 1>  
 <Provider Address 2>  
 <City> <State> zipcode5-zipcode4

Dear Durable Medical Equipment Provider:

**RE: Bath/Shower Chair Reimbursement and Prior Authorization Changes**

Effective January 1, 2024, the Michigan Department of Health and Human Services (MDHHS) is removing prior authorization and establishing a reimbursement rate for standard bath/shower chairs. These changes apply to Healthcare Common Procedure Coding System (HCPCS) code E0240.

**Standard Bath/Shower Chair Definition**

E0240 Bath/shower chair, with or without wheels, any size

MDHHS defines a standard bath/shower chair as follows:

A standard bath/shower chair is a seat that fits into the bathtub or shower, that provides seated support for beneficiaries with medical conditions or that are unable to sit or stand in a bathtub/shower independently to bathe. Standard bath/shower chairs are chairs with or without wheels, with a folding or fixed frame, with height adjustable or fixed legs, with or without seat backs (including fixed back or height adjustable or removable), with or without arms (including fixed, removable, height adjustable or drop arms).

**For Claims with Dates of Service on or after January 1, 2024**

Code	Required Modifier	Prior Authorization Required	Fee	Notes
E0240		No	\$97.30	
E0240	U3	Yes	Manual Pricing	Must append the U3 modifier on the prior authorization request to receive manual pricing. If PA is approved, must append the U3 modifier to the HCPCS code on the claim line.

All other bath/shower chairs require prior authorization. Providers are reminded that Medicaid covers the least costly alternative that meets the beneficiary’s medical/functional need.

### **Coordination with Medicare**

Bath/shower chairs (E0240) are statutorily excluded from Medicare durable medical equipment (DME) coverage. The DME provider does not need to bill Medicare first prior to submitting a claim or a prior authorization request (if applicable, see above) to Medicaid. The provider must report the most appropriate claim adjustment reason code (CARC) code on the claim.

### **Coordination with Primary Commercial Insurance**

Commercial insurances vary in coverage of bath/shower chairs. Providers must bill the primary insurance first prior to submitting a claim to Medicaid.

All policy standards of coverage, documentation, and billing policy requirements remain unchanged. Refer to the Medical Supplier chapter of the [MDHHS Medicaid Provider Manual: www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms >> Medicaid Provider Manual. HCPCS code parameters are further indicated in the Community Health Automated Medicaid Processing System (CHAMPS) Medicaid Code Rate and Reference tool. This is not a policy change; therefore, MDHHS suggests providers retain this letter until notified otherwise.

An electronic version of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration