Although, the bathroom is one of the most dangerous rooms in the home, it doesn’t have to be. With the help of rehabilitation professionals and environmental access specialists, people with physical limitations can modify their bathrooms so they are not only safe and accessible, but also comfortable and dignified.

However, building a better bathroom comes with a hefty price tag. The costs of buying and installing grab bars, toilet seat lifts, adaptive commodes and showers, bath chairs, and other items add up quickly. A grab bar may cost as little as $20 plus installation, but remodeling a bathroom to accommodate a roll-in shower chair could amount to several thousand dollars.

For patients and their rehab teams, procuring funding from payers for bathroom aids — or seeking out alternative funding sources — is a challenge. “Getting funding for this type of equipment is becoming more and more difficult,” says Fred Frech, MA, patient and family services counselor at Craig Hospital in Englewood, Colo. Even if a patient’s insurance benefits include some bathroom aids, the types of aids provided often don’t meet the extensive needs of his facility’s clients, who have spinal cord injuries, he says.

“Everyone struggles for equipment these days,” says Paul Petrone,
Finding the funding

Mike Mansfield, president of Rehab Specialists in Mountain View, Calif. “It’s a real challenge in health care as insurance companies tighten up on what they’ll pay for.”

**The benefits of bathroom aids**

Bathroom aids allow people with spinal cord injuries, people with degenerative or debilitating diseases, people who are recovering from strokes, and others to bathe and use the toilet independently and privately. “Bathroom equipment can dramatically improve a person’s life,” says Paul Petrone, MOTR/L, clinical practice leader for the stroke program at Spaulding Rehabilitation Hospital in Boston. Bathroom equipment can even make the difference between a patient’s returning home or living in a care facility, he says. “One of the clear indicators stroke patients can go home is if they can go to the bathroom alone. If they can’t do that, they must go somewhere besides home,” Petrone says.

In addition to allowing users to maintain independence, privacy and dignity, bathroom aids help avert new injuries and prevent recurring ones. For example, grab bars and tub seats help prevent people without full function in their legs from falling in slippery tubs. Many patients who end up at Allied Services Rehab Hospital in Scranton, Pa., have fallen in the bathroom, says Amy Frantz, MS, OTR/L, director of occupational therapy. “We have them practice here with a tub bench, bath seat and handheld shower, and we recommend they buy the equipment,” she says.

But if they can’t afford the equipment, they return home to unsafe conditions, Frantz says. In these cases, “sometimes they end up back here in worse condition than before,” she says. Some patients who can’t afford bathroom aids think they’ve solved the problem by putting lawn chairs in the tub, which is very dangerous. Lawn chairs are unstable and prone to rusting, rehab professionals say.

Medicare sets the standard

Payers’ policies on bathroom aids vary, private insurers generally follow Medicare guidelines. Medicare cover two types of commodes — the drop-arm and the 3-in-1 — if a patient is confined to a bed or a room. Medicare classifies all other bathroom aids as hygienic equipment, comfort or convenience items, or self-help devices that are not primarily medical in nature, according to Craig Palosky, a spokesman from the Health Care Financing Administration. In most states, Medicaid is much more generous than Medicare in covering a variety of bathroom aids, from grab bars to raised toilet seats. Workers’ compensation also varies from state to state, but generally provides for a wide array of bathroom assistive devices.

Humana Inc., a managed health care company based in Louisville, follows Medicare guidelines on bathroom equipment.
for its commercial members as well as its Medicare HMO members, says spokeswoman Mary Sellers. “If we need to look at this on a case-by-case basis, we will,” she says. “But generally we follow the HCFA guidelines on durable medical equipment.”

HealthNet, a large health plan based in Woodland Hills, Calif., covers 3-in-1 commodes, which can be adapted from their bedside function for use as a raised toilet seat in the bathroom, says company spokesman Ron Yukelson. Coverage is based on medical necessity and is considered on a case-by-case basis, he says.

Kaiser Permanente, one of the nation’s largest health maintenance organizations, covers stationary commodes — but not adaptable commodes — for members who have a supplemental durable medical equipment rider, says company spokeswoman Dena Durkin. Items like bed pans and Sitz baths are also covered under the DME rider, which most Kaiser members have.

The major difference between Medicare and private payers is flexibility, say rehab professionals. “With Medicare, there’s not a lot of room for bargaining. With private insurance, there’s a chance they’ll cover [bathroom aids] if it’s a profound or traumatic injury that’s lifelong,” Frantz says.

Making the case

When attempting to obtain funding for patients, physical and occupational therapists and other care providers should describe in as much detail as possible why the patient needs the bathroom equipment. “Assume until proved otherwise that the person reviewing your request on behalf of the insurer does not understand why this population needs this equipment,” Frech says.

The National Spinal Cord Injury Association and other national organizations have developed educational materials showing why patients need bathroom aids, and patients and their providers should take advantage of this information, he says. “We try to develop a rapport with funding sources and educate them,” he says. “It takes a lot of effort to make some payers understand the reasons the equipment is needed, Frech says. “We’re not just trying to order the most expensive item out there, and we try to communicate that,” he says.

Petrone uses a standard letter of medical necessity to advocate for funding for bathroom equipment. “Our strategy is to talk about safety and independence,” he says. Emphasizing that a tub seat or commode is much cheaper than the services of a home health aide is helpful, he says.

“Sometimes you can make headway by stressing safety factors, and explaining there is less chance the patient will be re-injured and need further medical services if they have the equipment,” says Catherine Van Olden, PhD, PT, director physical and occupational therapy at the Rusk Institute in New York City. Van Olden also stresses the role bathroom aids play in improving function and reducing a patient’s reliance on others.

Case managers are often instrumental in securing funding for bathroom modifica-
Case managers are encouraged to address bathroom safety issues, especially with patients who are affected by fatigue and at risk of falling and injuring themselves while performing daily hygiene tasks, says Kathleen Moreo, RN, BSN, an independent catastrophic case manager in Fort Lauderdale, Fla., co-owner of a case management educational company and president of the Case Management Society of America.

Case managers who request out-of-benefit provisions from an insurer can most effectively make their case in writing using a cost-benefit analysis that clearly outlines the relatively low costs of providing the equipment versus the relatively high costs resulting from injury, Moreo says.

If the case manager works within the managed care organization, he or she can take the request directly to the medical director. If the out-of-benefit provision is denied, the case manager must be prepared to follow through with an appeal on behalf of the client, Moreo says. Even if the case manager takes all the steps necessary, it’s rare for standard managed care plans to cover bathroom aids, she says.

There’s no predicting how difficult procuring funding for patients’ bathroom aids is going to be, say rehab professionals. “Sometimes it’s as easy as a phone call, and sometimes they want your firstborn. It definitely varies,” Petrone says. Most cases require a lot of explanation and paperwork to show that a piece of bathroom equipment is justified, Mansfield says.

The last resort

When patients and their rehabilitation teams are unsuccessful in procuring funding from primary payers for bathroom aids, they may turn to state vocational rehab programs, county social service agencies, or charity organizations that make available used or donated equipment. Some charities have “loaner closets,” rehab professionals say.

Many clients pay for low-cost bathroom aids out of pocket, shopping for items like hand-held showers at Target or Kmart, Frech says. But spending even $50 can be difficult for elderly people living on fixed incomes and others living on tight budgets.

People don’t really think about bathroom aids until they need them, says Petrone, who has urged his own parents to set aside money now for bathroom aids they may need down the road. “A lot of seniors have no idea what their insurance covers until they need it,” he says. “I’d recommend that, before you need your insurance, you should be aware of what is covered.”

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