



## Patient Lift Equipment

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P&P # C.11.04

### A. Documentation Required:

To facilitate the authorization process, referral requests must include the following:

1. Clinical record of patient diagnosis causing disability;
2. Clinical documentation of functional deficits demonstrated by the patient which are appropriate for use of a mechanical seat-lift mechanism;
3. Documentation of anticipated clinical outcomes with the introduction and continued use of a mechanical seat-lift mechanism.

### B. Criteria for Medical Necessity of Seat Lift mechanisms for member owned chairs:

Unity considers a seat lift mechanism medically necessary for mobility assistance if **ALL** the following criteria are met:

1. The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease; **AND**
2. The seat lift mechanism must be a part of the practitioner's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition; **AND**
3. The patient must be completely incapable of standing up from a regular armchair or any chair in his or her home; **AND**

**Note:** The patient's inability or difficulty getting up from a chair alone, particularly a low chair, is not sufficient justification for authorization to purchase a seat lift mechanism.

4. Once standing, the patient must have ability to ambulate; **AND**
5. Coverage of seat lift mechanisms is limited to those types that operate smoothly. The mechanism can be controlled by the patient and can effectively assist a patient in standing up and sitting down without other assistance.

### C. Criteria for Medical Necessity of Patient lifts (e.g., Hydraulic Hoyer, or Sit to Stand/Standing Lift)

Patient lift equipment is considered Medically Necessary if **ALL** the following criteria are met:

1. Transfer between bed and a chair, wheelchair, or commode requires the assistance of more than 1 person; **AND**
2. Without the use of a lift, the member would be bed-confined; **AND**
3. When the patient's condition is such that periodic movement is necessary to improve the patient's medical condition or to arrest or retard deterioration of their condition; **AND**
4. The lift is clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease.

**D. Indications Considered Experimental, Investigational or not Medical Necessity** (*Not an all-inclusive list*)

1. Bathroom or toilet patient lifts
2. Electric powered recliner with elevating seat
3. An electric lift mechanism
4. Seat elevator/lift on a powered wheelchair
5. Van Lifts (used to lift wheelchair into a truck or van)
6. Wheelchair lifts or ramps
7. Ceiling lifts (patient lifts mounted on tracks that are attached to the ceiling)
8. Platform lifts, stair lifts/stairway chairs, elevators, and stairway elevators
9. Any patient lift used for the convenience of the caregiver(s).
10. Any electrical or mechanical features which enhance basic equipment and which usually serve a convenience function.
11. Patient lifts used for members who resides in a facility or setting that would typically provide such equipment (e.g., SNF or assisted living facility)

**HCPCS CODES**

E0629	Seat lift mechanism, non-electric, any type
E0627	Seat lift mechanism, electric, any type
E0630	Patient lift; hydraulic, with seat or sling
E0621	Sling or seat, patient lift, canvas or nylon
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories

**REFERENCES:**

CMS Publication 100-03 *National Coverage Determination* (NCD) Chapter 1, Part 4 Section 280.4 – Seat Lift