

MEDICAL POLICY

<p>SUBJECT: PATIENT LIFTS (e.g., HOYER, SARALIFT, SEAT LIFT CHAIR MECHANISMS AND CEILING LIFTS)</p> <p>POLICY NUMBER: 1.01.08</p> <p>CATEGORY: Equipment/Supplies</p>	<p>EFFECTIVE DATE: 10/18/01</p> <p>REVISED DATE: 05/23/02, 06/26/03, 06/24/04, 06/23/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09</p> <p>ARCHIVED DATE: 06/24/10</p> <p>EDITED DATE: 06/24/11, 06/28/12, 06/27/13, 06/26/14, 06/25/15, 06/22/16, 6/22/17, 6/28/18</p> <p>PAGE: 1 OF: 3</p>
<ul style="list-style-type: none"> • <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i> • <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i> • <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i> 	

POLICY STATEMENT:

- I. *Patient lifts* are **medically appropriate** as durable medical equipment in the following situations:
 - A. The patient's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in his condition; and
 - B. All the following criteria are met:
 1. Transfer between bed and chair, wheelchair or commode requires the assistance of more than one person;
 2. Without the use of the lift, the patient would be confined to bed; and
 3. An adequately trained person, other than the patient, is available to help operate the lift; and
 - C. A motorized lift (e.g., Sara lift) is appropriate for coverage only if a hydraulic lift (e.g., Hoyer lift) is inadequate to meet the special medical needs of the patient.

- II. *Seat lift chair mechanisms* are **medically appropriate** as durable medical equipment if the following criteria are met:
 - A. The patient has severe arthritis of the hip or knee;
 - OR
 - B. All the following criteria are met:
 1. The patient has a severe neuromuscular disease; and
 2. All appropriate therapeutic modalities to enable the patient to transfer from a chair to a standing position (e.g., medication, physical therapy) have been tried and failed; and
 3. The patient is completely incapable of standing up from a regular armchair or any chair in his/her home;
 4. Once standing the patient is able to ambulate.

- III. The following patient lifts are **ineligible for coverage** because the devices do not meet the criteria for durable medical equipment:
 - A. Bath lifts (bathroom or toilet),
 - B. Ceiling lifts (patient lifts mounted on tracks attached to the ceiling),
 - C. Platform lifts,
 - D. Stair gliders,
 - E. Stairway chair/stair lifts,
 - F. Powered wheelchair lifts (provides access to stairways or car trunks), or
 - G. Van lifts (used to lift wheelchair into truck or van).

- IV. Patient lifts/Seat lift chair mechanisms containing nonstandard features (e.g., convenience or luxury features such as combination scale and lift) where there exists a reasonably feasible and medically appropriate alternative standard pattern of care are considered **not medically necessary** or **ineligible for coverage**, based upon the subscriber's member contract.

Refer to Corporate Medical Policy #1.01.00 regarding Durable Medical Equipment – Standard and Non-Standard.

SUBJECT: PATIENT LIFTS (e.g., HOYER, SARALIFT, SEAT LIFT CHAIR MECHANISMS AND CEILING LIFTS POLICY NUMBER: 1.01.08 CATEGORY: Equipment/Supplies	EFFECTIVE DATE: 10/18/01 REVISED DATE: 05/23/02, 06/26/03, 06/24/04, 06/23/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09 ARCHIVED DATE: 06/24/10 EDITED DATE: 06/24/11, 06/28/12, 06/27/13, 06/26/14, 06/25/15, 06/22/16, 6/22/17, 6/28/18 PAGE: 2 OF: 3
--	--

POLICY GUIDELINES:

- I. Coverage for Durable Medical Equipment is contract dependent.
- II. Nonstandard features that are presumptively nonmedical in nature and used primarily and customarily for a nonmedical purpose, even though the item may have some remote medically related use, will not be considered “medical equipment” and are ineligible for coverage.

DESCRIPTION:

Patient lifts - Patient lifts or similar transfer devices are assistive devices that enable the movement and positioning of an immobilized patient to and from a sitting and/or supine position. The Hoyer lift is a manual device that uses hydraulics. The Sara lift is motorized and portable.

Seat lift chair mechanisms - A seat lift chair is a lounge chair that has a motorized seat mechanism which, when activated, lifts the body from a sitting to a standing position. The seat also can lower the body from a standing to sitting position. It is an assistive device for patients who are able to ambulate once they are in a standing position.

Bathroom lifts - a device with which the patient can be transferred from the toilet/tub to another seat. Some items may be placed in a tub for lifting the patient in and out of the tub but may not necessarily be attached to the toilet, ceiling, floor, or wall of the bathroom.

Ceiling lifts - A ceiling lift (Zero Lifting) is a device that incorporates a lift or walking sling that is mounted on tracks that are installed into the ceiling of the home/facility and allow for transfer of a patient.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT: No codes(s)

Copyright © 2018 American Medical Association, Chicago, IL

HCPCS: E0621 Sling or seat, patient lift, canvas or nylon
E0625 (NMN) Patient lift, bathroom or toilet, not otherwise classified
E0627 Seat lift mechanism, electric, any type
E0629 Separate seat lift mechanism, nonelectric, any type
E0630 Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E0635 Patient lift, electric, with seat or sling
E0637 Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels

ICD10: Numerous

<p>SUBJECT: PATIENT LIFTS (e.g., HOYER, SARALIFT, SEAT LIFT CHAIR MECHANISMS AND CEILING LIFTS</p> <p>POLICY NUMBER: 1.01.08</p> <p>CATEGORY: Equipment/Supplies</p>	<p>EFFECTIVE DATE: 10/18/01</p> <p>REVISED DATE: 05/23/02, 06/26/03, 06/24/04, 06/23/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09</p> <p>ARCHIVED DATE: 06/24/10</p> <p>EDITED DATE: 06/24/11, 06/28/12, 06/27/13, 06/26/14, 06/25/15, 06/22/16, 6/22/17, 6/28/18</p> <p>PAGE: 3 OF: 3</p>
---	---

REFERENCES:

Home Medical Equipment Answer Book, 2003 Edition.
 St. Anthony’s Medicare Reference Manual. 2001 Mar; 60-8.

KEY WORDS:

ARJO lift, Hoyer lift, Sara lift.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Patient Lifts. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33799&ver=8&CtrctrSelected=137*1&Ctrctr=137&s=41&DocType=Active&bc=AggAAAIATAAAA%3d%3d&

There is currently a Local Coverage Determination (LCD) for Seat Lift Mechanisms. Please refer to the following LCD website for Medicare Members https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33801&ver=16&CtrctrSelected=137*1&Ctrctr=137&s=41&DocType=Active&bc=AggAAAIATAAAA&