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UTILIZATION MANAGEMENT GUIDELINE– 1.01.519

Patient Lifts, Seat Lifts and Standing Devices

		RELATED POLICIES/GUIDELINES:
Effective Date:	Feb. 1, 2026	1.01.501 Wheelchairs (Manual or Motorized)
Last Revised:	Jan. 12, 2026	1.01.527 Power Operated Vehicles (Scooters) (Excluding Motorized Wheelchairs)
Replaces:	N/A	10.01.517 Non-covered Services and Procedures

Select a hyperlink below to be directed to that section.

COVERAGE GUIDELINES | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

A patient lift is used to safely move an individual who is unable to move themselves from a bed to a chair or between other locations. Patient lifts are used in hospitals, nursing homes, and in home health care. Patient lifts come in several types. Some are operated by hydraulic power, others are electric, and yet others combine support with an individual's own strength. They may be either a sling lift or a sit-to-stand lift. This guideline explains when these items are covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

If benefit coverage for durable medical equipment is available, the following criteria apply.

Equipment	Coverage Guidelines
Non-electric patient lifts (E0630)	**Non-electric, mechanical/hydraulic patient lifts may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:**

Equipment	Coverage Guidelines
	• Transferring the individual between the bed and a chair, wheelchair, or commode requires the assistance of more than one individual, **AND** • The individual has a medical condition that without the use of a patient lift, the individual would be bed-confined. • An adequately trained individual, other than the patient, is available to help operate the lift. **A canvas or nylon sling or seat for a hydraulic or mechanical lift is considered medically necessary as an accessory when ordered as a replacement for an approved equipment item (E0621).**
Multi-positional lifts (E1035, E1036)	**A multi-positional transfer system is considered medically necessary when criteria are met for the hydraulic or mechanical lift (noted above), AND an individual requires supine positioning for transfers.**
Electric lifts (E0635)	**An electric lift mechanism is considered a convenience item; therefore, payment is not allowed as it is a contractual exclusion.**
Non-electric seat lift mechanisms (E0629)	**Non-electric, mechanical/hydraulic seat lift mechanisms may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:** • The individual has severe arthritis of the hip or knee or has a severe neuromuscular disease **AND** • The seat lift mechanism is prescribed to improve health status or arrest or retard deterioration in the individual's condition **AND** • Is incapable of standing up from any chair in their home **AND** • Has the ability to ambulate once standing. **Spring-release seat lift devices are considered not medically necessary.**

Equipment	Coverage Guidelines
	Note: A spring-release mechanism uses a catapult-type motion that jolts the individual from a seated to a standing position and does not facilitate a safe return to a seated position.
Electric seat lift mechanisms or chairs (E0170, E0627, E0635, E0636)	**Electric lift chairs or powered seat lift mechanisms are considered convenience items; therefore, payment is not allowed as it is a contractual exclusion.** **Note:** Coverage is limited to the non-electric, mechanical seat-lift mechanism alone (see **above**), even if it is incorporated into a chair. A chair is considered furniture. Furniture does not meet the definition of Durable Medical Equipment (DME). DME is defined as mechanical equipment that can stand repeated use and is used in connection with the direct treatment of an illness or injury

Standing devices (E0638, E0641, E0642)	**Mechanical, non-powered, standing devices may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:**
	• The individual is unable to ambulate or stand independently because of a neuromuscular condition but has sufficient residual strength in the lower extremities (e.g., hips and legs) to allow for use of the device
	AND
	• A standing position cannot be successfully achieved even with the use of physical therapy or other assistive devices
	AND
	• The individual has completed appropriate standing device training and has demonstrated an ability to safely use the device
	AND
	• Use of the device is expected to allow meaningful improvement in at least **ONE** of the following:
	  ○ Functional use of arms or hands, **or**
	  ○ Functional head and trunk control, **or**
	  ○ Performance of activities of daily living (ADLs), **or**
	  ○ Digestive, respiratory, circulatory, or excretory function, **or**
	  ○ Skin integrity, by off-loading weight through standing (i.e., relief of pressure sores not achievable by other means)

Equipment	Coverage Guidelines
	Powered or electric/battery operated standing devices are considered convenience items; therefore, payment is not allowed as it is a contractual exclusion.
Non-covered items	**The following items are considered home/vehicle modifications or are considered convenience items; therefore, payment is not allowed as they are contractual exclusions.** • Bathroom lifts and /or toilet lifts (E0170, E0171, E0172, E0625) • Elevators • Ceiling lifts (E0640) • Combination sit-to stand frame/table systems (E0637) • Lifting, standing, or positioning devices that involve fixtures to real property (E0639, E0640) • Stairway chair/stair lifts • Stair gliders • Platform lifts • Van lifts

Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record needs to include the following information:
• Office visit notes that contain the relevant history and physical:
  ○ Supporting the need for requested lifts, seat lifts, or standing devices
  ○ In addition, for standing devices the documentation needs to show that the member has completed appropriate standing device training and has demonstrated an ability to safely use the device

Coding

Code	Description
HCPCS	
E0621	Sling or seat, patient lift, canvas or nylon

Code	Description
E0629	Seat lift mechanism, nonelectric, any type
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E0638	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0641	Standing frame system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.

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Related Information

Definition of Terms

Ceiling Lifts (E0640): Ceiling lifts are typically attached to tracks installed directly into the ceiling in the home allowing easier individual transfer. Most devices are motorized though some are manually operated. The tracks can be located in more than one room of the home, allowing for portability. Manufacturers propose that positioning is easier with ceiling lifts than with floor-mounted lifts, and, if motorized, an individual can independently use the ceiling lifts. Fixed motorized lifts, however, are considered a home modification and a convenience item. (Not covered according to the contract).

Miscellaneous Lifts: Stairway chair lifts and stair gliders are devices attached to a track on a stairway to transfer from one level of the home to another on a chair or lift seat. They can be used on straight, curved, or spiral stairs to aid in mobility throughout the home.

Other commonly used lift devices, including, but not limited to, van lifts (used to lift wheelchairs in and out of vans), wheelchair lifts (used to provide access to stairways or automobiles) and

platform lifts facilitate transportation within the home or in and out of the home are not covered according to the contract.

Patient Lifts (E0630, E0639, E1035, E1036, E0639, E0640): Patient lifts are those devices either mechanical or electric that assist a caregiver in transferring an individual safely back and forth from a bed to a chair in cases where an individual is immobilized and would otherwise be confined to bed (e.g., Hoyer lift with a sling and/or seat that is placed under an individual that supports them in the lifting device). A multi-positional transfer system is used to assist the caregiver(s) in transferring an individual who requires the use of a lift along with supine positioning for transfer. Patient lift, movable from room to room (E0639) describes a device in which the lift mechanism is part of a floor to ceiling pole system, not permanently attached to the floor and ceiling, which is used in a room other than the bathroom and patient lift, fixed system (E0640) describes a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system and which is used in a room other than the bathroom, both are considered deluxe, convenience items and are not covered.

Patient Lifts Toilet/tub (E0170, E0171, E0625): A patient lift for a toilet/tub, is a single-purpose assistive device for transferring individuals from the toilet/tub to another seat (e.g., wheelchair). It is generally used for individuals who are unable to ambulate. Bathroom lifts used for transferring an individual onto a toilet or into a tub/shower are considered self-help and convenience items and are not covered according to most contracts.

Residential/Home Modifications: Stair lifts, stairway elevators, platform lifts, ceiling lifts and other structural changes or additions are considered home modifications and are not covered.

Seat Lift Mechanisms (E0627, E0629): Seat lift mechanisms are those devices either mechanical or electric, controlled by the individual that operate smoothly and successfully assist the individual in standing up and sitting down without other assistance. Some seat lift devices are separate mechanisms that are placed under a chair, some are placed on the seat of the chair, and some are incorporated (built-in) into furniture such as a chair/recliner.

Standing Devices (E0637, E0638, E0641, E0642): Standing devices are also known as standing frames, standers, and others. This standing technology provides alternative positioning to sitting in a wheelchair by supporting an individual in a standing position. A seat lift mechanism or sling is placed under an individual to gently raise the individual from a sitting position to a standing position. Upright standers are used primarily in the vertical position by individuals who have fair to good trunk and head control. Studies have proposed that standing devices improve bone mineral density, bowel and bladder functioning, incidence of contractures and improve skin integrity. These devices are not used for individuals who have complete paralysis of the lower extremities because lower body range of motion is not improved or maintained with the use of

a standing device. A combination sit-to-stand device is a standing device with a seat lift mechanism aimed at allowing frequent repositioning (sit to stand, stand to sit) without assistance. Combination sit-to stand devices are powered or motorized options and are considered convenience items and are not covered.

Vehicle Ramp/Lift and Vehicle Modifications: Van lifts (used to lift a wheelchair/scooter or individual into a truck or van); vehicle ramps and other vehicle modifications or additions are excluded from coverage because they do not meet the definition of Medical Equipment. These devices facilitate transportation and do not primarily serve a medical purpose and are therefore not covered.

Benefit Application

Please refer to the definition of durable medical equipment, medical equipment and supplies in the member benefit booklet for questions about medical equipment. Some health benefit contracts may have coverage/benefit limitations and exclusions.

Overview

Many medical conditions can lead to limited mobility as a result of pain, joint stiffness or muscle weakness. Hoyer and Invacare make common manual/hydraulic patient lift devices.

- Patient lifts and standing device/mechanisms eligible for coverage are movable and are not permanently attached to the floor and/or ceiling.
- Patient lifts are used in a room other than the bathroom.
- Residential/home and vehicle modifications that are not durable medical equipment (DME) and that are a contractual exclusion include, but are not limited to the following:
    - Ceiling lifts
    - Elevators
    - Platform lifts
    - Ramps
    - Stair lifts

- Vehicle lifts
- Wall mounted lifts
- Wheelchair lifts for vehicles

Evidence Review

Medicare National Coverage

Medicare covers patient lifts and seat lift mechanisms as reasonable and necessary durable medical equipment (DME) when criteria are met.[2,3]

References

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History

Date	Comments
07/11/06	Add to Durable Medical Equipment - New Policy
08/14/07	Replace policy. - Policy title amended to add “Standing Devices.” Policy statement amended to include standing devices as medically necessary. Rationale and References updated.
08/12/08	Replace Policy - Policy updated with literature search; no change to the policy statement. Code E1035 added.
07/14/09	Replace Policy - Policy updated with literature search, no change to the policy statement.
02/09/10	Code Update - New 2010 code added.
06/08/10	Replace Policy - Policy updated with literature search, no change to the policy statement.
07/12/11	Replace Policy - Policy reviewed with literature search. Policy statement added to patient lift section indicating multi-positional patient support/transfer system (E0636, E1035, E1036) as medically necessary when criteria met; criteria for medically necessary indication of seat lifts updated to list those with severe arthritis.
01/17/12	Codes E0985 and E0625 added.

Date	Comments
02/14/12	Replace Policy – Policy updated with deletion of policy statement regarding wheelchair seat lift mechanisms (E0985). Wheelchair seat lift mechanisms are now addressed in policy 1.01.501 – Wheelchairs.
08/24/12	Update Coding Section – ICD-10 codes are now effective on 10/01/2014.
02/13/13	Replace policy. Policy reviewed. A literature review through January 2013 did not prompt any changes to the rationale section. No new references added. Policy statement unchanged.
02/24/14	Replace policy. Policy reviewed. Minor edits completed for usability. Moved information about home/vehicle modifications from policy section to benefit application section. A literature search through January 2014 did not prompt the addition of new references. Medicare National Coverage statement added. Policy statement unchanged. HCPCS coding correction: E0136 corrected to E0636; E1035 and E1036; E0628 added.
02/10/15	Annual Review. Moved from Medical Policy to Utilization Management Guideline category. Guideline statements edited for clarification only. Added 10.01.517 Non-covered Services and Procedures to Related Guidelines and Policies section. List of non-covered items that are contract exclusions added to Additional Information section. Guideline review through January, 2015 did not prompt the addition of new references. Code E0640 is removed from the UM guideline because it is a contract exclusion. No change to intent of the guideline statements.
09/29/15	Coding update. ICD-10-CM codes M15.0 and M19.91-93 added.
01/12/16	Annual Review. Policy reviewed. Literature search; no changes to the policy statement. References updated.
02/01/17	Annual Review, approved January 10, 2017. Policy reviewed; no change to the policy statement. References updated. Policy moved to new format.
05/09/17	Coding update; removed HCPCS code E0628 as it terminated on 1/1/17 and replaced by E0627. Updated description for HCPCS code E0627 as this is now an electric mechanism.
02/01/18	Annual Review, approved January 16, 2018. Added medical necessity statements for multi-positional lifts and replacement sling. Added a list of Non-Covered items for clarity.
02/01/19	Annual Review, approved January 22, 2019. Guideline reviewed. Guideline statements unchanged except for minor wording edits. One reference removed. References 3, 5-7 added. Added CPT code E0640. CPT codes E0171 and E0625 moved to the Non-Covered coding section.
05/10/19	Coding update, added HCPCS code E0172.
03/01/20	Annual Review, approved February 4, 2020. Guideline reviewed. Reference added. Guideline statements unchanged. Removed codes E0170, E0171, E0172, E0625, E0627, E0635, E0636, and E0640 as they are addressed in a separate policy.

Date	Comments
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020 and replaced with InterQual criteria for dates of service on or after July 2, 2020.
07/02/20	Delete policy.
11/01/20	Policy reinstated effective February 5, 2021, approved October 13, 2020.
10/01/21	Annual Review, approved September 2, 2021.UM Guideline reviewed. References updated. Guideline statements unchanged.
04/01/22	Annual Review, approved March 7, 2022. UM Guideline reviewed. References added. Guideline statements unchanged.
04/01/23	Annual Review, approved March 14, 2023. Utilization management guideline reviewed. No references added. Added policy statement that an adequately trained individual, other than the patient, is available to help operate the lift to the seat lift medical necessity criteria. Added policy statement that use of the device is expected to allow meaningful improvement in at least one of the following: functional use of arms or hands, functional head and trunk control, performance of activities of daily living, digestive, respiratory, circulatory, or excretory function, or skin integrity by off-loading weight through standing to the standing devices medical necessity criteria. Other minor edits made for greater clarity. Changed the wording from "patient" to "individual" throughout the policy, where appropriate, for standardization.
11/03/23	Minor correction made to Related Information section. Removed the note, “A wheelchair seat lift mechanism (E0985, E2300) is addressed in another policy” as both codes were removed from Related Policy 1.01.501 Wheelchairs (Manual or Motorized).
08/01/24	Annual Review, approved July 22, 2024. UM Guideline reviewed. Guideline statements unchanged. Removed HCPCS E0985 as it was inadvertently missed previously.
04/01/25	Annual Review, approved March 10, 2025. UM guideline reviewed. No references added. Guideline statements unchanged.
02/01/26	Annual Review, approved January 12, 2026. UM guideline reviewed. References updated. No references added. Guideline statement revised to include elevators to the list of non-covered items. Moved HCPCS code E0637 from this policy to 10.01.517 Non-Covered Services and Procedures.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to

the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.