Introduction

A patient lift is used to safely move a patient 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 different types. Some are operated by hydraulic power, others are electric, and yet others combine support with the patient’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.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Coverage Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-electric patient lifts (E0630)</td>
<td>Mechanical/hydraulic patient lifts (non-electric) may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:</td>
</tr>
</tbody>
</table>
## Equipment Coverage Guidelines

### Transferring the Member
- Transferring the member between the bed and a chair, wheelchair, or commode requires the assistance of more than one person

**AND**
- Without the use of a patient lift, the member would be bed-confined

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
<table>
<thead>
<tr>
<th>Multi-positional lifts- (E1035, E1036)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A multi-positional transfer system is considered medically necessary when criteria are met for the hydraulic or mechanical lift, (noted above), AND the patient requires supine positioning for transfers</td>
</tr>
</tbody>
</table>

### 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)
- Mechanical/hydraulic seat lift (non-electric) mechanisms may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:
  - The member 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 member’s condition

**AND**
- The member is incapable of standing up from any regular chair (with or without arms) in the home

**AND**
- Once the member stands, he/she has the ability to ambulate.

**Spring-release seat lift devices are considered not medically necessary.**

**Note:** A spring-release mechanism uses a catapult-type motion that jolts the member from a seated to a standing position and does not facilitate a
<table>
<thead>
<tr>
<th>Equipment</th>
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</table>
| 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 mechanical (non-electric) 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 patient is unable to ambulate or stand independently because of a neuromuscular condition but has sufficient residual strength in the lower extremities (eg, 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 patient has completed appropriate standing device training and has demonstrated an ability to safely use the device  
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 not primarily medical in nature, and 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)  
• Ceiling lifts (E0640)  
• Combination sit-to-stand frame/table systems (E0637) |
Equipment | Coverage Guidelines
--- | ---

- 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 patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- 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 show that the patient has completed appropriate standing device training and has demonstrated an ability to safely use the device

**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HCPCS</strong></td>
<td></td>
</tr>
<tr>
<td>E0621</td>
<td>Sling or seat, patient lift, canvas or nylon</td>
</tr>
<tr>
<td>E0629</td>
<td>Separate seat lift mechanism for use with patient owned furniture – nonelectric</td>
</tr>
<tr>
<td>E0630</td>
<td>Patient lift; hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)</td>
</tr>
<tr>
<td>E0637</td>
<td>Combination sit and stand system, any size including pediatric, with seat lift feature, with or without wheels</td>
</tr>
<tr>
<td>E0638</td>
<td>Standing frame system, one position (eg, upright, supine or prone stander), any size including pediatric, with or without wheels</td>
</tr>
<tr>
<td>E0639</td>
<td>Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories</td>
</tr>
<tr>
<td>E0641</td>
<td>Standing frame system, multi-position (eg, three-way stander), any size including pediatric, with or without wheels</td>
</tr>
<tr>
<td>E0642</td>
<td>Standing frame system, mobile (dynamic stander), any size including pediatric</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E0985</td>
<td>Wheelchair accessory, seat lift mechanism</td>
</tr>
<tr>
<td>E1035</td>
<td>Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs.</td>
</tr>
<tr>
<td>E1036</td>
<td>Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.</td>
</tr>
</tbody>
</table>

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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 patient transfer. Most of these devices are motorized though some are manually operated. The tracks can be located in more than one room of the home, allowing some portability. Manufacturers propose that positioning is easier with ceiling lifts than with floor-mounted lifts, and, if motorized, the ceiling lifts can be used independently by the patient. Fixed motorized lifts, however, are considered a home modification and a convenience item. (Not covered according to 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 and are not primarily medical in nature.

**Patient Lifts (E0630, E0639, E1035, E1036, E0639, E0640):** Patient lifts are those devices either mechanical or electric that assist a caregiver in transferring a patient safely back and forth from a bed to a chair in cases where the patient is immobilized and would otherwise be confined to bed. (eg, Hoyer lift with a sling and/or seat that is placed under the patient 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 patients from the toilet/tub to another seat (eg, wheelchair). It is generally used for patients who are unable to ambulate. Bathroom lifts used for transferring a patient onto a toilet or into a tub/shower are considered self-help and convenience items. (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) to 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 the person in a standing position. A seat lift mechanism or sling is placed under the patient to gently raise the person 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 (sitting to standing, standing to sitting) without assistance. Combination sit-to stand devices are powered or motorized options and are considered convenience items.

**Vehicle Ramp/Lift and Vehicle Modifications:** Van lifts (used to lift a wheelchair/scooter or person 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. Common manual/hydraulic patient lift devices are made by Hoyer and Invacare.

- Patient lifts and standing device/mechanisms eligible for coverage are moveable 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
Note: A wheelchair seat lift mechanism (E0985, E2300) is addressed in another policy (see Related Policies / Guidelines).

Evidence Review

Medicare National Coverage

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

References


<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/11/06</td>
<td>Add to Durable Medical Equipment - New Policy</td>
</tr>
<tr>
<td>08/14/07</td>
<td>Replace policy. - Policy title amended to add “Standing Devices”. Policy statement amended to include standing devices as medically necessary. Rationale and References updated.</td>
</tr>
<tr>
<td>08/12/08</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statement. Code E1035 added.</td>
</tr>
<tr>
<td>07/14/09</td>
<td>Replace Policy - Policy updated with literature search, no change to the policy statement.</td>
</tr>
<tr>
<td>02/09/10</td>
<td>Code Update - New 2010 code added.</td>
</tr>
<tr>
<td>06/08/10</td>
<td>Replace Policy - Policy updated with literature search, no change to the policy statement.</td>
</tr>
<tr>
<td>07/12/11</td>
<td>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.</td>
</tr>
<tr>
<td>01/17/12</td>
<td>Codes E0985 and E0625 added.</td>
</tr>
<tr>
<td>02/14/12</td>
<td>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.</td>
</tr>
<tr>
<td>08/24/12</td>
<td>Update Coding Section – ICD-10 codes are now effective on 10/01/2014.</td>
</tr>
<tr>
<td>02/13/13</td>
<td>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.</td>
</tr>
<tr>
<td>02/10/15</td>
<td>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.</td>
</tr>
<tr>
<td>09/29/15</td>
<td>Coding update. ICD-10-CM codes M15.0 and M19.91-93 added.</td>
</tr>
<tr>
<td>01/12/16</td>
<td>Annual Review. Policy reviewed. Literature search; no changes to the policy statement.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
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</tr>
<tr>
<td>02/01/17</td>
<td>References updated.</td>
</tr>
<tr>
<td>05/09/17</td>
<td>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.</td>
</tr>
<tr>
<td>02/01/18</td>
<td>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.</td>
</tr>
<tr>
<td>05/10/19</td>
<td>Coding update, added HCPCS code E0172.</td>
</tr>
<tr>
<td>04/01/20</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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). ©2020 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.
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  - Information written in other languages

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PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):
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Premera Blue Cross يضمن أن المعلومات أو الخدمات المقدمة في هذا الإشعار،ضمن أن الخدمات المقدمة في غير اللغة العربية دراسة لم تشمل اللغة العربية.
Call 800-722-1471 (TTY: 800-842-5357)

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Français (French):

Deutsche (German):

Hmong (Hmoo):

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Jakie są kluczowe daty, które mogą Cię interesować? Premera Blue Cross udziela informacji o niektórych ważnych terminach, które mogą mieć wpływ na twoje benefity. Wszystkie daty są precyzyjnie określone w Twoim dokumencie o ubezpieczeniu zdrowotnym. Informacje o datach są dostępne w Twoim oku i na stronie internetowej Premera Blue Cross.

Będzie potrzebować kontaktu z Premera Blue Cross lub jednej z lokalnych firm, aby uzyskać dodatkowe informacje. Możesz skontaktować się z przedstawicielem Premera Blue Cross na numer 800-722-1471 (TTY: 800-842-5357).}


Русский (Russian): настоящем уведомлении содержится важная информация. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется прибыть к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish): Este aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claves en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información en su idioma sin costo alguno. Liene al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagiska o sa pamamagitan ng Premera Blue Cross. Maaaring magaalaga ang iyong pagsakop sa kalusugan o tulong na maaari mong magsasabing dating tapos na kaalaman at dapat adunay kaunan sa 800-722-1471 (TTY: 800-842-5357).

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