Medical Policy

Patient Lifts

Description

A patient lift is a device that moves an individual from bed, commode and/or wheelchair.

Policy

A lift and related accessories are considered reasonable and necessary when a Member requires transfer between bed and a chair, wheelchair, or commode.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. A patient lift is covered if transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the member would be bed confined.

A patient lift described by codes E0630 or E0635, E0639, or E0640 is reasonable and necessary if the basic coverage criteria are met. If the coverage criteria are not met, the lift will be considered not reasonable and necessary.

Limitations:

1. An electric lift mechanism is considered not reasonable and necessary.
2. Procedure code E0621, sling or seat, patient lift, canvas or nylon is covered when ordered as a replacement for Member owned lift. The usual payment rules for accessory items apply to this code. This item is included with rental or initial purchase of the lift and not separately reimbursable.
3. A multi-positional patient transfer system (E0636,E0135,E0136) are covered if both of the following criteria 1 and 2 are met:
    1. The basic coverage criteria for a lift are met; and
    2. The patient requires supine positioning for transfers.

If criterion 1 is not met, codes E0636 and E0135 and E0136 will be considered not reasonable and necessary.
If coverage is provided for code E1035 or E0136, payment will be discontinued for any other mobility assistive equipment, including but not limited to: canes, crutches, walkers, roll-about chairs, transfer chairs, manual wheelchairs, power-operated vehicles or power wheelchairs.

Exclusions:

1. E0625 is considered not primarily medical in nature.

2. Code E0621 is covered as an accessory when ordered as a replacement for covered patient lift.
3. Home modifications are generally benefit exclusions under most plans. Consult specific plan benefit exclusion documents.

HCPCS Level II Codes and Description

E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT , SLING, STRAP(S) OR PAD(S)
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES
E1035	MULTIPOSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS

Coding Guidelines

1. Heavy duty and bariatric lifts are included in the procedure codes for patient lifts, E0630 – E0640, E1036.

2. A patient lift for a toilet/tub, any type E0625, describes a device with which the patient can be transferred from the toilet/tub to another seat (e.g. wheelchair). It is used for a member who is unable to ambulate. Devices included in this code may be attached to the toilet, ceiling, floor, or wall of the bathroom or may be freestanding. Some items may be placed in a tub for lifting the member in and out of the tub but may not necessarily be attached to the toilet, ceiling, floor, or wall of the bathroom.

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A multi-positional patient support system, with integrated lift, member accessible controls (E0636, E0135, E1036) describes a device that can be used to transfer the bed-bound member in either a sitting or supine position. It has electric controls of the lift function.
Code E0639 describes a device in which the lift mechanism is part of a floor-to-ceiling pole system that is not permanently attached to the floor and ceiling and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All
Costs associated with installation are included in the payment for the device. When a device is only used in a bathroom, it is coded E0625.

Code 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. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. When a device is only used in a bathroom, it is coded E0625.

A multi-positional member transfer system, with integrated seat, operated by caregiver (E1035) describes a device that can be positioned and adjusted such that the bed-bound member can be transferred onto the device in the supine position. Once positioned on the device, it can then be adjusted to a chair-like position with multiple degrees of recline and leg elevation. It has small, castor wheels that are not accessible by the member for mobility. It has no electric controls.

The only products that may be billed with codes E0636, E0639, E0640, or E1035 are those which have received a written Coding Verification Review from the PDAC contractor and that are listed in the Product Classification List on the PDAC website (if applicable) .

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
E0625	E0621
E0630	E0621
E0635	E0621
E0636	E0621
E0639	E0621
E0640	E0621

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 2015.

CGS Administrators, LLC. Jurisdiction B DME MAC, Patient Lifts. Local Coverage Determination No. L33799; revised date October 1, 2015. Accessed December 2017, December 2019.

Noridian Healthcare Solutions, LLC, Jurisdiction A DME MAC, Patient Lifts. Local Coverage Determination No. L33799; revised October 1, 2015. Accessed December 2017.

Applicable URAC Standard

Core 8	Staff operational tools and support

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	12-2008	Added HCPC code and limitations for E1035 Revised E0630	Susan Glomb	Ken Fasse	n/a	
02		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
03	Jan.2009	Removed least costly alternative statement for E0635 Revised coverage criteria for E0636 Added coverage criteria for E0639 and E0640 Added KX modifier requirement for E0636 Deleted noncoverage statement for E0639, E0640 Added noncoverage statement about home modifications. Revised E0625 noncoverage statement. Added definition for E0636,	Susan Glomb	Ken Fasse		

		E0639, and E0640 Revised definition of E1035 Added requirement for PDAC coding verification review for E0636, e0639, E0640 and E1035 Reformatted bundling table Added E0639 and E0640 to table Changed SADMERC to PDAC				
04	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.09	
05	01-05-10	Added Code: E1036 Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 pounds.	Susan Glomb	Ken Fasse		
06	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
07	01-07-11	Removed: Least costly alternative language for E0636, E0135, and E0136	Susan Glomb	Ken Fasse	Jan 2011	
08	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
09	11-17-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
10	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
11	12-03-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
12	12-11-13	Annual review. No changes	Susan Glomb	Dr B. Almasri		
13	12-4-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements	Susan Glomb	Dr. B. Almasri		
14	12-7-15	Annual Review. References Updated.	Susan Glomb	Dr. B. Almasri	12-7-15	

15	12-07-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
16	12-15-17	Annual Review. Updated DME MAC reference names.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
17	12-7-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2018	
18	12-5-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019