

Medical Policy



Seat Lift Mechanisms

Description

A seat lift mechanism is controlled by the individual and is used to assist the individual from a seated to a standing position.

Policy

A seat lift mechanism is considered **reasonable and necessary** for Members meeting coverage criteria.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. A seat lift mechanism is covered if all of the following criteria are met:
 - a. The Member must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
 - b. The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the Member's condition.
 - c. The Member must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a Member has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all Members who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)
 - d. Once standing, the Member must have the ability to ambulate.

The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed to enable the Member to transfer from a chair to a standing position.

Limitations:

1. Coverage of seat lift mechanisms is limited to those types which operate smoothly, can be controlled by the Member, and effectively assist a Member in standing up and sitting down without other assistance. Excluded from coverage is the type of lift

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which operates by spring release mechanism with a sudden, catapult-like motion and jolts the member from a seated to a standing position.

HCPCS Level II Codes and Description

E0172 SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE

E0627 SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE

E0629 SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE

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.

Coding Guidelines

1. A seat lift mechanism that is electrically operated is billed using HCPCS code E0627.
2. A manually operated seat lift mechanism is billed using HCPCS code E0629.
3. When providing a seat lift mechanism that is incorporated into a chair as a complete unit at the time of purchase, suppliers must bill the item using the established HCPCS code for the seat-lift mechanism. In this situation, the supplier may bill the seat lift mechanism using E0627 or E0629, and bill A9270 for the chair.
4. A toilet seat lift mechanism (E0172) is a device with a seat that can be raised with or without a forward tilt while the Member is seated, allowing the Member to ambulate once he/she is in a more upright position. It may be manually operated or electric. It is attached to the toilet.

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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

1. Centers for Medicare and Medicaid Services, National Coverage Determination Manual. LCD: L33801 October 1, 2015 Accessed December 11, 2017.
2. CGS Administrators, LLC. Jurisdiction B DME MAC, Local Coverage Determination No. L33801; revised date October 1, 2015. Reviewed December 17, 2018, 11-15-19.
3. Noridian Healthcare Solutions, LLC. Jurisdiction A DME MAC Local Coverage Determination L33801, Reviewed December 17, 2018.

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Aetna: Seat Lifts and Patient Lifts

http://www.aetna.com/cpb/medical/data/400_499/0459.html (accessed November 2011).

Accessed December 3, 2018, 11-15-19.

Applicable URAC Standard

Core 8	Staff operational tools and support
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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		Annual Review – no changes	Rosanne Brugnoni	Ken Fasse	06-2007	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009	
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	01-10-11	Revised policy to remove least costly alternative language for E0627.	Susan Glomb	Ken Fasse	Jan2011	
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
06	11-16-11	Annual Review. Added Reference to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
08	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	

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09	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
10	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		
11	12-10-15	Annual review. Added Medicare references.	Susan Glomb	Dr. B. Almasri	12-10-15	
12	12-07-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
13	12-11-17	Annual review. Revised policy per Medicare: Removed E0628. Revised narratives for E0627, E0629.	Carol Dimech	Dr. C. Lerchin	December 2017	
14	12-3-18	Annual review. Updated Medicare references.	Carol Dimech	Dr. C. Lerchin	December 2018	
15	11-15-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2019	11-15-19