

# MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Patient Lifts (e.g., Hoyer, Saralift, Seat Lift, Chair Mechanisms, and Ceiling Lifts)
Policy Number	1.01.08
Category	Contract Clarification
Original Effective Date	10/18/01
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Product Disclaimer	<ul style="list-style-type: none"> <li>• <i>Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li> <li>• <i>If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</i></li> <li>• <i>If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</i></li> <li>• <i>If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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></li> <li>• <i>If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</i></li> </ul>

## POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, patient lifts are considered **medically appropriate** as durable medical equipment (DME) when **ALL criteria in both A and B** are met:
- A. Periodic movement is necessary to effect improvement, or to stop, or delay deterioration in the patient's condition;
  - B. **ALL** of 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;
    3. An adequately trained person, other than the patient, is available to help operate the lift; **and**
    4. 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. Based upon our criteria and assessment of the peer-reviewed literature, seat lift chair mechanisms are considered **medically appropriate** as durable medical equipment in **ONE** of the following situations:
- A. The patient has severe arthritis of the hip or knee; **or**
  - B. **ALL** of the following criteria are met:
    1. The patient has a severe neuromuscular disease;
    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;
    3. The patient is completely incapable of standing up from a regular armchair or any chair in his/her home; **and**
    4. Once standing the patient is able to ambulate.
- III. Based upon our criteria and assessment of the peer-reviewed literature, patient lifts/seat lift chair mechanisms containing nonstandard features (e.g., convenience or luxury features such as combination scale and lift) where there

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exists a reasonably feasible and medically appropriate alternative standard pattern of care are considered **not medically necessary** or **ineligible for coverage** based upon the member's subscriber contract.

IV. Repair and/or replacement of a medically necessary seat lift and/or components not under warranty will be considered **medically appropriate** when the following criteria are met:

A. Physician documentation includes **ALL** of the following:

1. date of device implantation/initiation,
2. manufacturer warranty information, **and**
3. attestation that the patient has been compliant with the use of device and will continue to benefit from the use of device; **AND ONE OF THE FOLLOWING APPLY:**

B. Repair of the currently used device when **ALL** of the following are met:

1. it is no longer functioning adequately,
2. inadequate function interferes with activities of daily living, **and**
3. repair is expected to make the equipment fully functional (as defined by manufacturer); **OR**

C. Replacement of the currently used device when the following are met:

1. it is no longer functioning adequately, **AND EITHER:**
2. has been determined to be non-repairable, **or**
3. the cost of the repair is in excess of the replacement cost; **OR**

D. Replacement of the currently used device when **BOTH** of the following are met:

1. there is documentation that a change in the patient's condition makes the present unit non-functional, and
2. improvement is expected with a replacement unit.

V. The replacement of properly functioning patient/seat lifts and/or external components is considered **not medically necessary**. This includes, but is not limited to, replacement desired due to advanced technology or in order to make the device more aesthetically pleasing.

VI. Repair or replacement of equipment damaged due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.

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

## **POLICY GUIDELINES**

I. 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**.

II. Based upon our criteria and assessment of the peer-reviewed literature, 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);
- G. Van lifts (used to a lift wheelchair into a truck or van).

## **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.

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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 bathroom lift is 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 mounted on tracks that are installed into the ceiling of the home/facility and allow for transfer of a patient.

**CODES**

- 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 Codes**

Code	Description
No codes(s)	

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**HCPCS Codes**

Code	Description
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	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 frame/table system, any size including pediatric, with seat lift feature, with or without wheels

**ICD10 Codes**

Code	Description
Numerous codes	

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**REFERENCES**

\*Home Medical Equipment Answer Book, 2003 Edition.

\*St. Anthony's Medicare Reference Manual. 2001 Mar; 60-8.

\*Key Article

**KEY WORDS**

ARJO lift, Hoyer lift, Sara lift.

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a National Coverage Determination (NCD) for Durable Medical Equipment (280.1). Please refer to the following NCD website for Medicare Members: [<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=3&bc=0>] accessed 06/24/24.

There is currently a National Coverage Determination (NCD) for Seat lift (280.4). Please refer to the following NCD website for Medicare Members: [

There is currently a Local Coverage Determination (LCD) for Patient Lifts (L33799). Please refer to the following LCD website for Medicare Members: [

There is currently a Local Coverage Determination (LCD) for Seat Lift Mechanisms (L33801). Please refer to the following LCD website for Medicare Members: [