

Patient Lifts

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Patient lifts require precertification. Patient lift E0636, E1035, and E1036 require physician face-to-face.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 280.1
Local Coverage Determination Policy	J- B/C
Effective Date	For services performed on or after 10/31/13
Revision/Review Date	01/19, 10/18, 06/05/18, 07/01/17, 07/01/16
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

DESCRIPTION

A patient lift may be either a sling lift or sit-to-stand lift. This is an assistive device that allows individuals to be transferred between a bed and a chair or other similar resting places, using hydraulic power.

COVERAGE GUIDELINES

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 patient would be bed confined.

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

A multi-positional patient support/transfer system (E0636, E1035, and E1036) is 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 or 2 is not met, codes E0636, E1035, E1036 will be denied as not reasonable and necessary.

If coverage is provided for code E1035 or E1036, payment will be discontinued for any other mobility assistive equipment, including but not limited to: canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs.

Examples of brands of medically necessary patient lifts are the Hoyer Lift, the Lift-Aid Chamber Lift and the Trans-Aid Lift.

Code E0621 is covered as an accessory when ordered as a replacement for covered patient lift.

NONCOVERAGE STATEMENT

Home modifications are non-covered by Medicare. The Health Plan is following this policy across all product lines, unless otherwise indicated in a plan's certificate of coverage. Therefore, suppliers must not submit claims for any structural changes or remodeling necessitated by the installation of a lift system.

The Health Plan does *not* cover the following types of lifts because they are considered home modifications:

- Ceiling lifts (patient lifts mounted on tracks that are attached to the ceiling)
- Platform lifts, stair lifts, and stairway elevators

The Health Plan does *not* cover the following types of lifts because they do not meet The Health Plan/Medicare definition of patient lifts for the home.

- Van lifts (used to lift wheelchair into a truck or van)
- Wheelchair lifts or ramps (e.g., Wheel-O-Vator lift) (provides access to stairways or car trunks)
- E0625 is non-covered, not primarily medical in nature

REPAIR, REPLACEMENT AND REASONABLE USEFUL LIFETIME

Replacements and repairs require precertification. See **Replacement and Repair** policy.

Repairs are not separately payable during rental period.

Replacements are not covered due to neglect or misuse.

Reasonable useful lifetime is expected to be 5 years

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CAS
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET

HCPCS CODES

E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON
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	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS
E0136	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS

There are no specific diagnoses or ICD-10 codes that indicate medical necessity.

NONCOVERED HCPCS CODES

E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS

E0641	STANDING FRAME/TABLE 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

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

COVERAGE OF PATIENT LIFTS WHILE IN A PART A COVERED FACILITY

Use of a patient lift while the member is in a facility covered under Part A benefit (acute hospital, Inpatient rehabilitation unit, or skilled nursing unit) is the responsibility of the facility.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

BILLING GUIDELINES

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

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 patient 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 patient in and out of the tub but may not necessarily be attached to the toilet, ceiling, floor, or wall of the bathroom.

A multi-positional patient support system, with integrated lift, patient accessible controls (E0636) describes a device that can be used to transfer the bed-bound patient 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 patient transfer system, with integrated seat, operated by caregiver (E1035 and E1036) describes a device that can be positioned and adjusted such that the bed-bound patient 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 patient 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.

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

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If the coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

When an upgrade is provided, the GA, GK, and/or GZ modifiers must be used to indicate the upgrade.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare’s PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

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INTERNET LINKS AND SOURCES

National Government Services website. Medical Policy Center. Durable Medical Equipment. Local Coverage Determination and Article Jurisdiction B. Patient Lifts. LCD L27218 Article A47230. Last accessed 10/31/18. Retrieved from: <http://ngsmedicare.com>

CGS Medicare: A Celerian Group Company. Local Coverage Determination Policy. Patient Lifts. Jurisdiction C. LCD L23976. Article A11562. Last accessed 10/31/18. Retrieved from: cgsmedicare.com/jc/coverage/lcdinfo.html

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Face-to-Face Examination and Prescription Requirements Prior to the Delivery of Certain DME Items Specified in the Affordable Care Act DME MAC Joint Publication. Posted February 20, 2014. Last accessed 10/31/18. Retrieved from www.cms.gov › ... › Medical Review and Education

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last Accessed 10/31/18. Retrieved from: <https://www.dmepdac.com/dmecsapp/>

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11