

Seat Lift Mechanisms

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.

Seat lifts require precertification and a physician face-to-face.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.4
Local Coverage Determination Policy	J-B/C
Effective Date	For service performed on or after 10/31/13
Revision/Review Date	01/19, 11/18, 06/07/18, 08/01/17, 04/19/17, 02/15/17, 09/01/16
The Health Plan	<p>Commercial, Medicare, and Employer Funded plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.</p> <p>West Virginia Medicaid Plans will follow West Virginia Medicaid coverage policies.</p>

DESCRIPTION

Seat lift mechanisms are assistive devices used to lift the body from a sitting position to a standing position or from a standing position to a sitting or prone position. The seat lift mechanism is also capable of lowering the individual from a standing to a sitting position.

COVERAGE GUIDELINES

A seat lift mechanism is covered if all of the following criteria are met:

1. The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
2. 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 patient's condition.
3. The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient 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 patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)
4. Once standing, the patient must have the ability to ambulate.
5. Seat lift mechanism must operate smoothly
6. Is controlled by the member
7. Member needs no other assistance in standing up or sitting down.

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 patient to transfer from a chair to a standing position.

NONCOVERAGE STATEMENT

West Virginia Medical does NOT cover Seat Lift Mechanisms.

Lifts that operate by a spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position are not covered.

A seat lift mechanism placed over or on top of a toilet, any type (E0172) is noncovered.

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

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

Repairs are not separately payable during the rental period.

A replacement is not usually covered within the 5 year reasonable useful lifetime and for normal wear and tear.

Will need documentation of change in medical condition and face to face for replacements within the 5 year reasonable useful lifetime.

Replacements are not covered due to neglect or misuse.

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
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HCPCS CODES

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

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

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.

The following information must be submitted at the time of precertification:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Order must include any specific feature of the base code and every addition requested. 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
2. Functional level and prosthetist/orthotist assessment.
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, 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.

The provider is to have the order prior to dispensing the item.

The Health Plan will accept clinical documentation from the member's chart with a signed order, if all the criteria is included with that documentation.

SEAT LIFT PROVIDED TO A MEMBER WHILE IN A PART A FACILITY STAY

Reimbursement for a seat lift provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility, and whether or not the device is intended for use while the member is in 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

When providing a seat lift mechanism, which is incorporated into a chair as a complete unit at the time of purchase, suppliers must bill the item using the established HCPCS code, E0627. In this situation, the supplier may bill the seat lift mechanism using E0627 or E0629 and A9270 for the chair. However, if the seat lift mechanism, electric or non-electric, is supplied as an individual unit to be incorporated into a chair that a patient owns, the supplier must bill using the appropriate code for the seat lift mechanism for use with patient owned furniture, E0627 or E0629.

A toilet seat lift mechanism (E0172) is a device with a seat that can be raised with or without a forward tilt while the patient is seated, allowing the patient to ambulate once he/she is in a more upright position. It may be manually operated or electric. It is attached to the toilet. (For information about seat lift mechanisms, which are incorporated in a commode, see the commodes policy.)

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.

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. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

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MEDICARE CERTIFICATE OF MEDICAL NECESSITY:



DME CMN Seat Lift
Mechanisms.pdf

INTERNET LINKS AND SOURCES

National Government Services website. Medical Policy Center. Durable Medical Equipment. Local Coverage Determination Seat Lift Mechanisms. LCD L27038 and Article A47029. Jurisdiction B. Last accessed 06/07/18. Retrieved from <https://ngsmedicare.com>

CGS Medicare: A Celerian Group Company. Local Coverage Determination Policy. Seat Lift Mechanisms. LCD L33801 and Article A52518. Jurisdiction B-C. Last accessed 11/2/18. Retrieved from cgsmedicare.com/jc/coverage/lcdinfo.html

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 11/2/18. Retrieved from dhhr.wv.gov/bms/Pages/default.aspx

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last Accessed 11/2/18. Retrieved from <https://www.dmepdac.com/dmecsapp/>

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

Section 6407 of the Affordable Care Act (ACA) Established a Face-to-Face Encounter Requirement for Certain Items of DME

CMS.gov. Services for Medicare and Medicaid. Durable Medical Equipment (DME) Center. Last accessed 11/2/18. Retrieved from cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html

Noridian Healthcare Solutions PDAC. Medicare Pricing Data Analysis and Coding. Advisory Articles. dmepdac.com/resources/advisory_articles.html

Medicare Benefit Policy Manual 100-2, Chapter 15, Section 110.1

Form #	Form Title	Revision Date
CMS 849	Certificate of Medical Necessity - Seat Lift Mechanisms - DME 07.03A	09/30/2005

cms.hhs.gov/cmsforms/downloads/CMS849.pdf