

Patient Lifts (electric or moveable)

Date of Origin: 09/2019

Last Review Date: 09/27/2023

Effective Date: 10/01/2023

Dates Reviewed: 09/2019, 09/2020, 09/2021, 08/2022, 09/2023

Developed By: Medical Necessity Criteria Committee

I. Description:

Patient lifts are designed to lift and transfer patients from one place to another, for example, from bed to bath, chair to stretcher etc. They are assistive devices that are intended to assist a caregiver in transferring patients safely back and forth in cases where the patient is immobilized and would otherwise be confined to bed. Electric patient lifts provide convenience and safety when transferring patients from one place to another.

II. Criteria: CWQI HCS-0270

- A. Moda considers patient lifts (electrical or moveable) medically necessary when **ALL** the following requirements are met;
 - a. When transfer between bed and a chair, wheelchair, or commode requires the assistance of more than one person
 - b. Member has a medical condition that without the use of a lift, the member would be bed-confined (e.g. paralysis, neuromuscular disease, spinal cord injury)
 - c. A caregiver or adequately trained person is available to help operate the lift
- B. Patient lifts are considered investigational for all other indications due to inadequate peer-reviewed literature supporting their use
- C. Duplicate equipment is considered not medically necessary
- D. Replacement of a medically necessary patient lift is considered only when the warranty is expired and there is anatomical change; wear and tear cause the device to be nonfunctioning and non-repairable, and the equipment has coverage with the health plan
- E. The following lifts are not covered; bathroom lifts and/or toilet lifts, ceiling lifts, elevators, platform lifts, stair lifts/stairway chairs, stairway gliders, van lifts, wheelchair lifts

III. Information Submitted with the Prior Authorization Request:

1. Requests are submitted by the member's provider
2. Clinical documentation indicating medical necessity for the requested equipment
3. Documentation that the member's home can accommodate the equipment

IV. CPT or HCPC codes covered:

| Codes | Description |
|-------|--|
| E0635 | Patient lift, electric, with seat or sling |

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|-------|---|
| E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components and accessories |
| E0640 | Patient lift, fixed system, includes all components and accessories |

V. Annual Review History

| Review Date | Revisions | Effective Date |
|-------------|---------------------------|----------------|
| 09/2019 | New criteria | 01/01/2020 |
| 09/2020 | Annual Review: No changes | 10/01/2020 |
| 09/2021 | Annual Review: No changes | 10/01/2021 |
| 08/2022 | Annual Review: No changes | 09/01/2022 |
| 09/2023 | Annual Review: No changes | 10/01/2023 |

VI. References

1. Patient lifts. <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/patient-lifts>
2. Lift, patient. https://www.who.int/medical_devices/innovation/hospt equip_16.pdf?ua=1

Appendix 1 – Applicable Diagnosis Codes:

| Codes | Description |
|-------|-------------|
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Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

| Jurisdiction(s): 5, 8 | NCD/LCD Document (s): |
|-----------------------|-----------------------|
| | |

| NCD/LCD Document (s): |
|-----------------------|
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| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|--|------------------------------------|
| Jurisdiction | Applicable State/US Territory | Contractor |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |