

Corporate Medical Policy

Patient Lifts

File Name: patient_lifts
Policy Number: DME0215
Origination: 6/2002
Last Review: 6/2008
Last Review: 6/2010

Description of Procedure or Service

I. Patient Lifts

Patient lifts are assistive devices that enable the movement, transfer, and positioning of an immobilized patient to and from a sitting and/or lying position. The Hoyer lift is a manual device that uses hydraulics. The Saralift is motorized (electric) and portable.

II. Seat Lift Chair Mechanisms

A seat lift chair is a chair with a motorized seat mechanism which enables it to lift the body from a sitting to a standing position. The seat can also lower the body from a standing position to a sitting position. It is an assistive device for patients who are able to ambulate once they are in a standing position.

III. Ceiling Lifts

A ceiling lift is a device that incorporates a lift or walking sling that is mounted in tracks that are installed into the ceiling to allow for the transfer of a patient.

Policy

BCBSNC will provide coverage for Hydraulic Patient Lifts when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

BCBSNC does not provide coverage for Electric Patient Lifts (e.g., Saralift), Seat Lift Chair Mechanisms, Ceiling Lifts, Patient Support Mechanisms, Sit to Stand or Standing Frame Systems. They are considered convenience items and therefore not covered.

Benefits Application

Please refer to individual's Certificate for availability of benefit. See Professional Services, Outpatient Services, Durable Medical Equipment (DME). This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

DME Suppliers must meet eligibility and/or credentialing requirements as defined by the Plan in order to be eligible for reimbursement.

The individual certificate should be reviewed to verify eligibility requirements and any prior approval or preauthorization necessary for the rental/purchase of equipment.

DME benefits for rental versus purchase will be determined on an individual consideration basis. Refer to

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DME policy number DME0040.

When Patient Lifts are covered

1. **Hydraulic** Patient lifts may be considered medically necessary for disabled patients who meet the following criteria:
 - a. When transfers cannot be performed independently and require the assistance of more than one person; **and**
 - b. When the patient would be bed confined without the use of a lift; **and**
 - c. When the patient's condition is such that periodic movement is necessary to improve the patient's medical condition or to arrest or retard deterioration of their condition.
2. Repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the patient lift equipment is covered if all the above criteria is met.

When Patient lifts are not covered

1. When all the above criteria are not met.
2. For convenience of the caregiver(s).
3. For equipment that serves as a comfort or convenience item. (Stairglides, Van lifts, and Wheel-O-Vators are considered convenience items and are not covered. See Policy statement.)
4. For electrical or mechanical features which enhance basic equipment and which usually serve a convenience function.
5. For repair, adjustment, or replacement of parts and accessories for Seat Lift Mechanisms or Ceiling Lifts.
6. When the patient resides in a facility or setting that would typically provide such equipment.

Policy Guidelines

The medical necessity of a patient lift is based on an analysis of the patient's needs and capabilities in relation to the following components of the definition of medical necessity:

- The lift is clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and
- The lift is not primarily for the convenience of the patient, caregiver, physician or other healthcare provider; and
- The lift represents the least costly alternative that meets the patient's needs.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

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Applicable codes: E0621, E0625, E0627, E0628, E0629, E0630, E0635, E0636, E0637, E0638, E0639, E0640, E0641, E0642

An order for the patient lifts which is signed and dated by the ordering physician must be kept on file by the supplier. The physician's records must contain information which supports the medical necessity of the item ordered.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: DME0215, Patient Lifts, Durable Medical Equipment, Hydraulic lifts, Ceiling lifts, Seat Lift Mechanism, Electric lift, DME.

Medical Term Definitions

Scientific Background and Reference Sources

Region D DMERC Supplier Manual. Chapter 9, PTLT-1, Published 8/1993, Reprinted 1/2001.

Medicare Coverage Issues Manual 60 - 9.

Specialty Matched Consultant Advisory Panel - 4/2003

Region C DMERC Policy Manual. Local Coverage Decision (LCD) L11562. Original determination effective 10/1993. Revision effective 01/01/2005.

Policy Implementation/Update Information

6/2002 Original policy issued.

5/03 Specialty Matched Consultant Advisory Panel review. No change to policy. Reaffirm.

5/04 Benefits Application and Billing/Coding sections updated for consistency.

1/6/05 First Quarter 2005 HCPCS codes E0639 and E0640 added to the Billing/Coding section of policy.

4/7/05 Specialty Matched Consultant Advisory Panel [MPAG] review on 3/10/2005. No changes made to policy criteria. MPOC review and discussion on 2/14/05. Description section broadened to clarify different types of lift devices. Policy section rewritten to include that BCBSNC does not provide coverage for Electric Patient Lifts, Seat Lift Mechanisms or Ceiling Lifts because they are considered convenience items and therefore not medically necessary. When Patient Lifts are Covered section revised to indicate that repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the patient lift equipment is covered if all the above criteria is met. When Patient Lifts are Not Covered section revised to clarify noncoverage for: 1) equipment that serves as a comfort or convenience item, 2) electrical or mechanical features which enhance basic equipment which usually serve a convenience function, or 3) repair, adjustment, or

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replacement of parts and accessories for Seat Lift Mechanisms or Ceiling Lifts. Also included for noncoverage are Stairglides, Van Lifts, and Wheel-O-Vators. Billing/Coding section updated to include E codes: E0621, E0625, E0627, E0628, E0629, E0636, E0637, and E0638. Medical terms expanded to include Hydraulic lifts, Ceiling lifts, Seat Lift Mechanism, Electric lift, DME0215. Reference added. Notification 4/7/2005. Effective 6/16/2005.

- 4/9/07 Routine biennial review. Statements regarding physicians' orders was moved from the Policy Guidelines section to the Billing/Coding/Physician Documentation section. Statement regarding patients residing in facilities or settings that typically provide patient lift equipment moved from Policy Guidelines section to the Not Covered section. The following information was added to the Policy Guidelines section: "The medical necessity of a patient lift is based on an analysis of the patient's needs and capabilities in relation to the following components of the definition of medical necessity: The lift is clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and the lift is not primarily for the convenience of the patient, caregiver, physician or other healthcare provider; and the lift represents the least costly alternative that meets the patient's needs." Specialty Matched Consultant Advisory Panel review meeting 3/15/07.
- 8/27/07 HCPCS Codes E0641 and E0642 added to Billing/Coding section.
- 7/28/08 Guidelines in the When Covered and When Not Covered sections reformatted into numbered lists. Specialty Matched Consultant Advisory Panel review meeting 6/19/08. No change to policy statement.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

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