Clinical Policy Title: Seat lifts, patient lift mechanisms

Clinical Policy Number: 14.02.15

Effective Date: May 1, 2018
Initial Review Date: March 6, 2018
Most Recent Review Date: April 10, 2018
Next Review Date: April 2019

Related policies:
None.

ABOUT THIS POLICY: Select Health of South Carolina has developed clinical policies to assist with making coverage determinations. Select Health of South Carolina’s clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of “medically necessary,” and the specific facts of the particular situation are considered by Select Health of South Carolina when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Select Health of South Carolina’s clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Select Health of South Carolina’s clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Select Health of South Carolina will update its clinical policies as necessary. Select Health of South Carolina’s clinical policies are not guarantees of payment.

Coverage policy

Select Health of South Carolina considers the use of seat lifts and patient lift mechanisms to be clinically proven and, therefore, medically necessary under the following conditions:

- The member must have severe arthritis of the knee or hip, or have a severe neuromuscular illness.
- All appropriate therapeutic attempts to enable the member to develop the ability to transfer from a chair to a standing position (e.g., medication or physical therapy) have been tried and failed.
- The seat lift must be part of the provider’s course of treatment and be prescribed to promote improvement, or to stop or prevent deterioration of the member’s condition.
- The member must be completely unable to stand from an armchair or any type of chair in their home. Difficulty or inability to transition to standing from a low chair is not sufficient justification for a seat lift. Nearly all members who are able to ambulate can rise from an ordinary chair if the seat height is sufficiently high and the seat has arms.
- Once the member has transitioned to a standing position, they must be able to ambulate.
These conditions are as per Local Coverage Determination (LCD) L33801, Local Coverage Article A52518, and National Coverage Determination (NCD) 280.4, as published by the Centers for Medicare & Medicaid Services (CMS).

**Limitations:**

Coverage of patient-lift mechanisms is restricted to types that operate smoothly, can be controlled by the member, and are effective in assisting the member to stand or sit without other assistance. Lifts that feature a spring-release mechanism, or that rapidly transition the member from a seated to a standing position, are not covered.

Seat lifts are not covered for members who are not ambulatory once they are assisted to a standing position.

For mechanisms included in a recliner, coverage is limited to the amount allowed for a seat lift without the recliner feature.

A seat-lifting mechanism that is placed on or over a toilet is not covered.

CMS specifies that a detailed written order (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without having first received a completed detailed written order, the claim shall be denied as not reasonable and necessary. For accessories, supplies, or associated options related to durable medical equipment, prosthetics, orthotics, and supplies base items that require a written order prior to delivery, the supplier must also obtain a detailed written order before submitting a claim for any associated items that are separately billed. Parallel to the policy on base durable medical equipment, prosthetics, orthotics, and supplies, if the supplier submits a bill for associated items without first receiving a completed detailed written order, the claim shall be denied as not reasonable and necessary.

CMS further specifies that a written order prior to delivery (if applicable) must be received by the supplier before a durable medical equipment, prosthetics, orthotics, and supplies item is delivered to a member. If a supplier delivers a durable medical equipment, prosthetics, orthotics, and supplies item without first receiving a completed written order prior to delivery, the claim shall be statutorily denied. Please refer to the LCD-related policy article, located at the bottom of this policy under the LCD section.

This policy does not address sling lifts or other lifts used to assist in moving non-ambulatory patients in nursing facilities.

**Alternative covered services:**

- Physical therapy.
- Occupational therapy.
Background

The ability to rise from a chair to a standing position is an important factor in independent living among elderly and disabled persons (Edlich, 2003; Galumbeck, 2004). Remaining seated for excessive amounts of time is associated with poor circulation and muscle tone, and reduced elimination of waste, and may lead to pressure ulcers. Physical problems, such as arthritis or other joint problems, muscle weakness, and poor balance, can make it challenging to transition from a seated position to standing. Use of chairs with higher seats and arm rests can make it easier to stand than attempting to transition to standing from a low seat with no arms. Adding a mechanism that slowly lifts the seated person to a standing position can help the person stand without the assistance of a caregiver. Use of such devices can prevent injuries in caregivers, including in the home. It is estimated that by 2040, 78 million (26 percent) of U.S. adults will have been diagnosed with arthritis (Hootman, 2016). The population of those 65 and older is expected to nearly double by 2050, from 48 million to 88 million (National Institute on Aging, 2016). Thus, the development and adaptation of effective and feasible means to help elders and those with arthritis will continue to be important.

Searches

Select Health of South Carolina searched PubMed and the databases of:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality’s National Guideline Clearinghouse and other evidence-based practice centers.
- CMS.

We conducted searches on February 2, 2018. Search terms were: “seat lifts,” “seat lift mechanisms,” “patient lifts,” “patient lift mechanisms,” and “sit-to-stand.”

We included:

- **Systematic reviews**, which pool results from multiple studies to achieve larger sample sizes and greater precision of effect estimation than in smaller primary studies. Systematic reviews use predetermined transparent methods to minimize bias, effectively treating the review as a scientific endeavor, and are thus rated highest in evidence-grading hierarchies.
- **Guidelines based on systematic reviews**.
- **Economic analyses**, such as cost-effectiveness, and benefit or utility studies (but not simple cost studies), reporting both costs and outcomes — sometimes referred to as efficiency studies — which also rank near the top of evidence hierarchies.

Findings

The coverage determination for this policy is based on CMS LCDs and NCDs.
In addition, we identified one FDA publication on safety guides for patient lifts, and four peer-reviewed publications focusing on lifts. We did not identify any relevant systematic reviews or meta-analyses. Two of the publications described advances in seat-lift mechanisms that took place over a decade ago (Edlich, 2003; Galumbeck, 2004). One of these focuses on a single mechanism (Galumbeck, 2004). One of the peer-reviewed publications reported on a study based on residential facility data rather than on individuals living in the community. Thus, it is of interest, although it does not address the needs of community-dwelling members (Gucer, 2013). This analysis linked survey data from nursing facilities on availability of sit-stand powered mechanical lifts and institutional patient lifting policy with mobility-related resident outcomes from CMS. It found that higher availability of patient lifts was associated with lower frequency of pressure ulcers and being bedbound. We did not identify any studies examining health outcomes in community-dwelling persons. There is a body of work that examines the kinetics of the sit-to-stand movement, and we include in the reference list one of these papers that examined assisted and unassisted transfers in a sample of 20 people (10 of mean age 25, and 10 of mean age 69) (Rutherford, 2016).

**Policy updates:**

None.

**Summary of clinical evidence:**

<table>
<thead>
<tr>
<th>Citation</th>
<th>Content, Methods, Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edlich (2003)</td>
<td>Revolutionary advances in adaptive seating systems that assist sit-to-stand transfers for the elderly and persons with disabilities</td>
</tr>
<tr>
<td></td>
<td><strong>Key points:</strong></td>
</tr>
<tr>
<td></td>
<td>• This review notes that it is easier to perform a sit-to-stand transfer when using a mechanical lift than when rising unassisted or from a raised seat height.</td>
</tr>
</tbody>
</table>

**References**

**Professional society guidelines/other:**


Peer-reviewed references:


CMS National Coverage Determinations (NCDs):


CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&KeyWord=durable+medical+equipment&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAA


Local Coverage Determinations (LCDs):


details.aspx?articledld=52518&ver=12&Cov

CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Al

l&KeyWord=seat+lift+mechanisms&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAA


**InterQual:**


**Commonly submitted codes**

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Not Applicable</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>G70.00-G70.9, G70.1-G73.1</td>
<td>Myoneural disorders</td>
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<tr>
<td>HCPCS Level II Code</td>
<td>Description</td>
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<td>---------------------</td>
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<td>-------------------------------------------------------------------------------------------</td>
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<tr>
<td>E0621</td>
<td>Sling or seat, patient lift, canvas or nylon</td>
<td></td>
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<tr>
<td>E0627</td>
<td>Seat lift mechanism, electric, any type</td>
<td></td>
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<tr>
<td>E0629</td>
<td>Seat lift mechanism, non-electric, any type</td>
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<tr>
<td>E0630</td>
<td>Patient lift; hydraulic, with seat or sling</td>
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<tr>
<td>E0635</td>
<td>Patient lift, electric, with seat or sling</td>
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<tr>
<td>E0637</td>
<td>Combination sit to stand frame/table system, any size including pediatric,</td>
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<tr>
<td></td>
<td>with seat lift feature, with or without wheels</td>
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<tr>
<td>E0638</td>
<td>Standing frame/table system, one position (e.g., upright, supine or prone</td>
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<tr>
<td></td>
<td>stander), any size including pediatric, with or without wheels</td>
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<tr>
<td>E0641</td>
<td>Standing frame/table system, multi-position (e.g., 3-way stander), any size</td>
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<tr>
<td></td>
<td>including pediatric, with or without wheels</td>
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</tr>
<tr>
<td>E0642</td>
<td>Standing frame/table system, mobile (dynamic stander), any size including</td>
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</tr>
<tr>
<td></td>
<td>pediatric</td>
<td></td>
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<tr>
<td>E1035</td>
<td>Multi-positional patient transfer system, with integrated seat, operated by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>care giver, patient weight capacity up to and including 300 lbs.</td>
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<tr>
<td>E1036</td>
<td>Multi-positional patient transfer system, with integrated seat, operated by</td>
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<tr>
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<td>care giver, patient weight capacity up to and including 300 lbs.</td>
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