

Patient Lifts (for Ohio Only)

Policy Number: CS185OH.B
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[Instructions for Use](#)

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Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for Ohio Only\)](#)

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Note: For general coverage and payment policies for durable medical equipment (DME), prosthesis, orthotic devices, medical/surgical supplies, and supplier services, refer to the [Ohio Administrative Code, Rule 5160-10-01 DMEPOS: general provisions](#).

Indications for Coverage

Patient lifts are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Patient Lift System.

Click [here](#) to view the InterQual® criteria.

Coverage Limitations and Exclusions

For coverage limitations and exclusions, refer to the [Ohio Administrative Code, Rule 5160-10-01 DMEPOS: general provisions](#) and the [Ohio Administrative Code, Rule 5160-10-02 DMEPOS: repair](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
E0621	Sling or seat, patient lift, canvas or nylon

HCPCS Code	Description
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E0635	Patient lift, electric, with seat or sling
E0636	Multi-positional patient support system, with integrated lift, patient accessible control to policy
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
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs

References

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed March 14, 2023.

Ohio Administrative Code/Rule 5160-10-01. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-01>. Accessed March 14, 2023.

Ohio Administrative Code/Rule 5160-10-02. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): repairs. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-02>. Accessed March 14, 2023.

Policy History/Revision Information

Date	Summary of Changes
10/01/2023	<p>Applicable Codes</p> <ul style="list-style-type: none"> Removed HCPCS code E0625 <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CS185OH.A – P

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.