Patient Lifts

Guideline Number: CDG.031.01
Effective Date: May 1, 2021

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Related Commercial Policy
- Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements

Coverage Rationale

Indications for Coverage
Patient Lifts are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, Medicare: Durable Medical Equipment, Patient Lifts.

Click here to view the InterQual® criteria.

Coverage Limitations and Exclusions
The following services are excluded from coverage:
- Personal care, comfort, or convenience items.
- Home modifications such as elevators, handrails and ramps.
- Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts and recliners.
- Stair lifts and stair glides.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Durable Medical Equipment (DME): Medical Equipment that is all of the following:
- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability
- Serves a medical purpose for the treatment of a Sickness or injury
- Primarily used within the home

Medically Necessary: Health Care Services that are all of the following as determined by us or our designee.
- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
• Not mainly for your convenience or that of your doctor or other health care provider
• Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

**Reasonable Useful Lifetime:** RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for durable medical equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

## 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 guideline 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 the member specific benefit plan document 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.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0621</td>
<td>Sling or seat, patient lift, canvas or nylon</td>
</tr>
<tr>
<td>E0625</td>
<td>Patient lift, bathroom or toilet, not otherwise classified</td>
</tr>
<tr>
<td>E0630</td>
<td>Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)</td>
</tr>
<tr>
<td>E0635</td>
<td>Patient lift, electric, with seat or sling</td>
</tr>
<tr>
<td>E0636</td>
<td>Multipositional patient support system, with integrated lift, patient accessible control to policy</td>
</tr>
<tr>
<td>E0639</td>
<td>Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories</td>
</tr>
<tr>
<td>E0640</td>
<td>Patient lift, fixed system, includes all components/accessories</td>
</tr>
<tr>
<td>E1035</td>
<td>Multi-positional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity up to and including 300 lbs</td>
</tr>
<tr>
<td>E1036</td>
<td>Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs</td>
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## References


Noridian Healthcare Solutions:
- [https://med.noridianmedicare.com/documents/2230703/7218263/Patient+Lifts+LCD+and+PA/a6ab3b12-6726-470c-9a11-cf14778500cc](https://med.noridianmedicare.com/documents/2230703/7218263/Patient+Lifts+LCD+and+PA/a6ab3b12-6726-470c-9a11-cf14778500cc), L33799 and Article A52516.

Guideline History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tbody>
<tr>
<td>05/01/2021</td>
<td>• New Coverage Determination Guideline</td>
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Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

This Coverage Determination Guideline may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Coverage Determination 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.