

## Patient Lifts (for Louisiana Only)

Guideline Number: CS185LA.A  
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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Applicable Codes</a> .....	2
<a href="#">References</a> .....	2
<a href="#">Guideline History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	3

### Application

This Coverage Determination Guideline only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

### Coverage Rationale

#### Indications for Coverage

##### *Patient Lifts*

Lifts are approved only if all of the following conditions are met:

- If the beneficiary is confined to bed, chair or room and is unable to transfer or unable to achieve needed movement with or without assistance;
- If the caregiver is unable without the use of a lift to provide periodic movement necessary to arrest or retard deterioration in the beneficiary’s condition, thus affecting improvement in rehabilitation; and
- When the caregiver is unable to transfer beneficiary from chair to bed or bath (or vice versa) e.g., because of beneficiary’s size or weight

Note: Medicaid covers hydraulic lifts. Medicaid does not cover electric lifts. Lift Slings Lift slings or seats, either canvas or nylon, are considered part of the lift and are only covered as replacement items.

##### *Lift Slings*

Lift slings or seats, either canvas or nylon, are considered part of the lift and are only covered as replacement items.

##### *Bath or Shower Chairs*

Bath or shower chairs may be considered only for severe incapacitating problems due to neurological, physiological, or cognitive disorders that impair the beneficiary’s balance, coordination, or physical strength needed to safely sit or stand while bathing or showering.

##### *Commode Chairs*

A commode chair may be considered when the beneficiary is physically incapable of utilizing regular toilet facilities. An extra wide/heavy duty commode chair is covered for a beneficiary weighing 300 pounds or more. If the beneficiary weighs less than

300 pounds but the basic coverage criteria for a commode chair are met, payment will be based on the least costly medically appropriate alternative.

A request for payment of a mobile commode chair will be denied as not medically necessary if basic coverage criteria for a commode chair are met. Payment will be based on the least costly medically appropriate alternative stationary commode chair.

### ***Commode Chairs with Detachable Arms***

A commode chair with detachable arms may be considered if this feature is necessary to facilitate transferring the beneficiary, or if the beneficiary has a body configuration that requires extra width.

If these additional criteria are not met but the basic coverage criteria for a commode chair are met, reimbursement will be authorized based on the least costly medically appropriate alternative.

## **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.

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.

HCPCS Code	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0625	Patient lift, bathroom or toilet, not otherwise classified
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**

Louisiana Department of Health, Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual; Issued September 1, 2010. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/DME/DME.pdf>. Accessed March 23, 2021.

## **Guideline History/Revision Information**

Date	Summary of Changes
07/01/2021	<ul style="list-style-type: none"><li>Created state-specific policy version for content addressed in the <i>Louisiana Department of Health: Durable Medical Equipment Provider Manual</i></li></ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. 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.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The 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.