

# Patient Lifts (for North Carolina Only)

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Effective Date: August 1, 2023

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## Related Policy

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

## Application

This Medical Policy only applies to the state of North Carolina.

## Coverage Rationale

Patient Lifts are considered medically necessary and a covered expense in certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5A-1 Physical Rehabilitation Equipment and Supplies](#).

## 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 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.

HCPCS Code	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs

## References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, No: 5A-1. <https://medicaid.ncdhhs.gov/media/12396/open>. Accessed May 1, 2023.

## Policy History/Revision Information

Date	Summary of Changes
08/01/2023	<p data-bbox="337 216 570 247"><b>Applicable Codes</b></p> <ul data-bbox="337 252 1211 283" style="list-style-type: none"><li data-bbox="337 252 1211 283">• Removed HCPCS codes E0625, E0635, E0636, E0639, E0640 and E1036</li></ul> <p data-bbox="337 289 639 321"><b>Supporting Information</b></p> <ul data-bbox="337 325 1138 386" style="list-style-type: none"><li data-bbox="337 325 1138 357">• Updated <i>References</i> section to reflect the most current information</li><li data-bbox="337 361 954 386">• Archived previous policy version CSNC.MP.105.03</li></ul>

## Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy 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 Medical Policies 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.