Patient Lifts (for Nebraska Only)

Guideline Number: CS185NE.C
Effective Date: June 1, 2022

Instructions for Use

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Related Policy

- Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for Nebraska Only)

Application

This Coverage Determination Guideline only applies to the state of Nebraska.

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® 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, feeding chairs, toddler chairs, chair lifts and recliners (excluding bath chairs).
- 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

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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.

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

Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual (Pub. 100-3), Chapter 1, Part 4 (Sections 200 – 310.1), § 280.

Noridian Healthcare Solutions: https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

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Guideline History/Revision Information

Date	Summary of Changes
06/01/2022	**Coverage Rationale** • Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria **Supporting Information** • Archived previous policy version CS185NE.B

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® 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.

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