Patient Lifts

Policy Number: CS185.E
Effective Date: August 1, 2023

➲ Instructions for Use

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

Commercial Policy
- Patient Lifts

Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	Patient Lifts (for Indiana Only)
Kentucky	Patient Lifts (for Kentucky Only)
Louisiana	Patient Lifts (for Louisiana Only)
Mississippi	Patient Lifts (for Mississippi Only)
Nebraska	Patient Lifts (for Nebraska Only)
New Jersey	Patient Lifts (for New Jersey Only)
North Carolina	Patient Lifts (for North Carolina Only)
Ohio	Patient Lifts (for Ohio Only)
Pennsylvania	Patient Lifts (for Pennsylvania Only)
Tennessee	Patient Lifts (for Tennessee Only)

Coverage Rationale

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.

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)
E0635	Patient lift, electric, with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
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

Policy History/Revision Information

Date	Summary of Changes
08/01/2023	**Applicable Codes** • Removed HCPCS code E0625 **Supporting Information** • Archived previous policy version CS185.D

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® 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.