



Clinical Policy Title: Seat lifts, patient lift mechanisms

Clinical Policy Number: CCP.1369

Effective Date: May 1, 2018
Initial Review Date: March 6, 2018
Most Recent Review Date: May 7, 2019
Next Review Date: April 2020

Related policies:

None.

Policy contains:

- Arthritis.
- Occupational therapy.
- Physical therapy.
- Seat lifts.

ABOUT THIS POLICY: AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

AmeriHealth Caritas considers the use of seat lifts and patient lift mechanisms to be clinically proven and, therefore, medically necessary when all of the following conditions are met:

- The member must have severe arthritis of the knee or hip, or have a severe neuromuscular illness.
- All appropriate therapeutic attempts to enable the member to develop the ability to transfer from a chair to a standing position (e.g., medication or physical therapy) have been tried and failed.
- The seat lift must be part of the provider's course of treatment and be prescribed to promote improvement, or to stop or prevent deterioration of the member's condition.
- The member must be completely unable to stand from an armchair or any type of chair in their home. Difficulty or inability to transition to standing from a low chair is not sufficient justification for a seat lift. Nearly all members who are able to ambulate can rise from an ordinary chair if the seat height is sufficiently high and the seat has arms.

- Once the member has transitioned to a standing position, they must be able to ambulate.

These conditions are as per Local Coverage Determination L33801, Local Coverage Article A52518, and National Coverage Determination 280.4, as published by the Centers for Medicare & Medicaid Services.

Limitations:

Coverage of patient-lift mechanisms is restricted to types that operate smoothly, can be controlled by the member, and are effective in assisting the member to stand or sit without other assistance. Lifts that feature a spring-release mechanism, or that rapidly transition the member from a seated to a standing position, are not covered.

Seat lifts are not covered for members who are not ambulatory once they are assisted to a standing position.

For mechanisms included in a recliner, coverage is limited to the amount allowed for a seat lift without the recliner feature.

A seat-lifting mechanism that is placed on or over a toilet is not covered.

The Centers for Medicare & Medicaid Services specifies that a detailed written order (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without having first received a completed detailed written order, the claim shall be denied as not reasonable and necessary. For accessories, supplies, or associated options related to durable medical equipment, prosthetics, orthotics, and supplies base items that require a written order prior to delivery, the supplier must also obtain a detailed written order before submitting a claim for any associated items that are separately billed. Parallel to the policy on base durable medical equipment, prosthetics, orthotics, and supplies, if the supplier submits a bill for associated items without first receiving a completed detailed written order, the claim shall be denied as not reasonable and necessary.

The Centers for Medicare & Medicaid Services further specifies that a written order prior to delivery (if applicable) must be received by the supplier before a durable medical equipment, prosthetics, orthotics, and supplies item is delivered to a member. If a supplier delivers a durable medical equipment, prosthetics, orthotics, and supplies item without first receiving a completed written order prior to delivery, the claim shall be statutorily denied. Please refer to the Local Coverage Determination-related policy article below.

This policy does not address sling lifts or other lifts used to assist in moving non-ambulatory patients in nursing facilities.

Alternative covered services:

- Physical therapy.
- Occupational therapy.

Background

The ability to rise from a chair to a standing position is an important factor in independent living among elderly and disabled persons (Edlich, 2003; Galumbeck, 2004). Remaining seated for excessive amounts of time is associated with poor circulation and muscle tone, and reduced elimination of waste, and may lead to pressure ulcers. Physical problems, such as arthritis or other joint problems, muscle weakness, and poor balance, can make it challenging to transition from a seated position to standing. Use of chairs with higher seats and arm rests can make it easier to stand than attempting to transition to standing from a low seat with no arms. Adding a mechanism that slowly lifts the seated person to a standing position can help the person stand without the assistance of a caregiver. Use of such devices can prevent injuries in caregivers, including in the home. It is estimated that by 2040, 78 million (26 percent) of U.S. adults will have been diagnosed with arthritis (Hootman, 2016). The population of those 65 and older is expected to nearly double by 2050, from 48 million to 88 million (National Institute on Aging, 2016). Thus, the development and adaptation of effective and feasible means to help elders and those with arthritis will continue to be important.

Searches

AmeriHealth Caritas searched PubMed and the databases of:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality and other evidence-based practice centers.
- Centers for Medicare & Medicaid Services.

We conducted searches on March 27, 2019. Search terms were: “seat lifts,” “seat lift mechanisms,” “patient lifts,” “patient lift mechanisms,” and “sit-to-stand.”

We included:

- **Systematic reviews**, which pool results from multiple studies to achieve larger sample sizes and greater precision of effect estimation than in smaller primary studies. Systematic reviews use predetermined transparent methods to minimize bias, effectively treating the review as a scientific endeavor, and are thus rated highest in evidence-grading hierarchies.
- **Guidelines based on systematic reviews.**
- **Economic analyses**, such as cost-effectiveness, and benefit or utility studies (but not simple cost studies), reporting both costs and outcomes — sometimes referred to as efficiency studies — which also rank near the top of evidence hierarchies.

Findings

The coverage determination for this policy is based on Centers for Medicare & Medicaid Services Local Coverage Determinations and National Coverage Determinations.

In addition, we identified one U.S. Food and Drug Administration publication on safety guides for patient lifts, and four peer-reviewed publications focusing on lifts. We did not identify any relevant systematic reviews or meta-analyses. Two of the publications described advances in seat-lift mechanisms that took place over a decade ago (Edlich, 2003; Galumbeck, 2004). One of these focuses on a single mechanism (Galumbeck, 2004). One of the peer-reviewed publications reported on a study based on residential facility data rather than on individuals living in the community. Thus, it is of interest, although it does not address the needs of community-dwelling members (Gucer, 2013). This analysis linked survey data from nursing facilities on availability of sit-stand powered mechanical lifts and institutional patient lifting policy with mobility-related resident outcomes from the Centers for Medicare & Medicaid Services. It found that higher availability of patient lifts was associated with lower frequency of pressure ulcers and being bedbound. We did not identify any studies examining health outcomes in community-dwelling persons. There is a body of work that examines the kinetics of the sit-to-stand movement, and we include in the reference list one of these papers that examined assisted and unassisted transfers in a sample of 20 people (10 of mean age 25, and 10 of mean age 69) (Rutherford, 2016).

Policy updates:

In 2019, we did not identify any newly published literature. The coverage policy was revised to indicate that all of the listed conditions must be met for coverage. The policy ID changed from 14.02.15 to CCP.1369.

References

Professional society guidelines/other:

InterQual 2018.1. CP: Durable Medical Equipment. Seat lift mechanism.

InterQual 2018.1. CP: Durable Medical Equipment. Seat lift mechanism — senior.

InterQual 2018.1. CP: Durable Medical Equipment. Patient lift system.

InterQual 2018.1. CP: Durable Medical Equipment. Patient lift system — senior.

Kwikpoint. Patient lifts: Safety guide. 2014. Food and Drug Administration website.

<https://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/HomeUseDevices/UCM386178.pdf>. Accessed March 28, 2019.

National Institute on Aging. World's older population grows dramatically. National Institutes of Health. March 28, 2016. <https://www.nih.gov/news-events/news-releases/worlds-older-population-grows-dramatically>. Accessed March 28, 2019.

Peer-reviewed references:

Edlich RF, Heather CL, Galumbeck MH. Revolutionary advances in adaptive seating systems for the elderly and persons with disabilities that assist sit-to-stand transfers. *J Long Term Eff Med Implants*. 2003;13(1):31-39. Doi: 10.1615/JLongTermEffMedImplants.v13.i1.40.

Galumbeck MH, Buschbacher RM, Wilder RP, Winters KL, Hudson MA, Edlich RF. The Sit & Stand chair. A revolutionary advance in adaptive seating systems. *J Long Term Eff Med Implants*. 2004;14(6):535-543. Doi: 10.1615/JLongTermEffMedImplants.v14.i6.80.

Gucer PW, Gaitens J, Oliver M, McDiarmid MA. Sit-stand powered mechanical lifts in long-term care and resident quality indicators. *J Occup Environ Med*. 2013;55(1):36-44. Doi: 10.1097/JOM.0b013e3182749c35.

Hootman JM, Helmick CG, Barbour KE, Theis KA, Boring MA. Updated projected prevalence of self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitation among US adults, 2015-2040. *Arthritis & Rheumatology*. 2016;68(7):1582-1587. Doi: 10.1002/art.39692.

Rutherford DJ, Hurley ST, Hubley-Kozey C. Sit-to-stand transfer mechanics in healthy older adults: a comprehensive investigation of a portable lifting-seat device. *Disabil Rehabil Assist Tech*. 2016;11(2):158-165. Doi: 10.3109/17483107.2014.921843.

Centers for Medicare & Medicaid Services National Coverage Determinations:

National Coverage Determination Durable medical equipment reference list (280.1).

National Coverage Determination Seat lift (280.4).

Centers for Medicare & Medicaid Services Local Coverage Determinations:

Local Coverage Article A52518. Seat lift mechanisms.

Local Coverage Determination L33801. Seat lift mechanisms.

CMS-849 — Seat lift mechanisms. Certificate of medical necessity.

Commonly submitted codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

CPT Code	Description	Comments
N/A	Not Applicable	

ICD-10 Code	Description	Comments
M12.15- M12.169, M12.551- M12.569, M12.851- M12.869, M13.851- M13.869, M15.0-M15.9, M16.0-M17.0	Arthritis of hip and/or Knee	
G70.00- G70.9, G70.1- G73.1	Myoneural disorders	

HCPCS Level II Code	Description	Comments
E0621	Sling or seat, patient lift, canvas or nylon	
E0627	Seat lift mechanism, electric, any type	
E0629	Seat lift mechanism, non-electric, any type	
E0630	Patient lift; hydraulic, with seat or sling	
E0635	Patient lift, electric, with seat or sling	
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
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, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs.	