Sentara Health Plans

Commercial

Transfer Devices and Lifts, DME 42

Table of Content

Description & Definitions
Criteria
Document History
Coding
Special Notes
References
Keywords

Effective Date	11/1/2026
Next Review Date	07/2027
Coverage Policy	DME 42
Version	8

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Transfer devices and patient lift devices assist in transferring and repositioning individuals.

Criteria:

Transfer devices and patient lift devices are considered medically necessary with **1 or more** of the following:

- Total electric lift and/or multi-positional patient transfer systems are considered medically necessary for **ALL** of the following:
  - Individual requires assistance to transfer between a bed, chair, wheelchair, or commode, and/or shower/bath chair.
  - Individual has limited mobility or a medical condition that would confine him/her to a bed without the use of a lift
  - Individual requires supine positioning with transfers
- Patient lift (sling, mechanical or motorize)
- Transfer benches

Transfer devices and patient lift devices are is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Bathroom lifts
- Ceiling lifts
- Elevators
- Lifting, standing or positioning devices that involve fixtures to real property
- Platform lifts
- Stair gliders
- Stairway chair/stair lifts

There is insufficient scientific evidence to support the medical necessity of transfer devices for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2023: August
- 2022: August
- 2021: October
- 2020: October
- 2019: November
- 2018: November
- 2015: January, March, August, December
- 2014: October
- 2013: November

Reviewed Dates:

- 2026: July – Implementation date of November 1, 2026. Annual review. No changes to criteria.
- 2025: September – Implementation date of January 1, 2026. No changes to criteria. Updated to new format only.
- 2024: August - No changes, references updated.
- 2019: October
- 2018: April
- 2017: January
- 2015: July

Origination Date: June 2013

Coding:

medically necessary if policy criteria are met:

Coding	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0625	Patient lift, bathroom or toilet, not otherwise classified
E0635	Patient lift, electric, with seat or sling
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 pounds
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 pounds
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening

Considered Not Medically Necessary:

Coding	Description
E1399	Durable medical equipment, miscellaneous

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required
  - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2026). Retrieved 5 2026, from Carelon: https://guidelines.carelonmedicalbenefitsmanagement.com/

(2026). Retrieved 5 2026, from UpToDate: https://www.uptodate.com/contents/search?search=patient%20lift%20system&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=false

(2026). Retrieved 5 2026, from Google literature: https://www.google.com/search?q=durable+medical+equipment+patient+transfer+system&sca_esv=770d7514389b00b2&tbm=nws&ei=vd8Bav-8Oqqe5NoP8pCqkQI&start=60&sa=N&ved=2ahUKEwi_j6HCsbGUAxUqD1kFHXKIKiI4MhDw0wN6BAgdEBE&biw=1912&bih=914&dpr=1

(2026). Retrieved 5 2026, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522transfer%2520device%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%25

29th Edition. (2026). Retrieved 4 2026, from MCG: https://careweb.careguidelines.com/ed29/

Lifts. (2025). Retrieved 5 2026, from EviCore: https://www.evicore.com/sites/default/files/clinical-guidelines/2025-09/Seat%20Lifts_DME.SW_.110.A_V1.0.2025_Eff10.27.2025_Pub09.23.2025.pdf

NCD Durable Medical Equipment Reference List (280.1). (2025, 10). Retrieved 5 2026, from CMS: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=4&keywordtype=starts&keyword=Durable&bc=0

Provider Manual Title: Durable Medical Equipment, Prosthetics, Orthotics and Supplies. (Revision Date:12/5/2025). Retrieved 5 2026, from DMAS: https://vamedicaid.dmas.virginia.gov/pdf_chapter/durable-medical-equipment-and-supplies#gsc.tab=0

Safe Patient Handling and Movement. (2026). Retrieved 5 2026, from American Physical Therapy Association (APTA): https://www.apta.org/patient-care/interventions/safe-patient-handling

Keywords:

SHP Transfer Devices, SHP Durable Medical Equipment 42, Lifts, transfer devices, multi-positional, assistive, Multi-positional patient transfer systems