

Transfer Devices and Lifts

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

Purpose:

This policy addresses Transfer Devices and Lifts.

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 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

The following transfer devices and patient lift devices **do not meet the definition of medical necessity, 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

Coding:

Medically necessary with criteria:

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

Considered Not Medically Necessary:

Coding	Description
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type
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

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:

- 2023: August
- 2019: October
- 2018: April
- 2017: January

- 2015: July

Effective Date:

- June 2013

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).

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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.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

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