

Transfer Devices and Lifts, DME 42

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Purpose:

This policy addresses Transfer Devices and Lifts.

Description & Definitions:

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

Heavy duty and bariatric lifts are included in the codes for patient lifts, E0630, E0635, E0636, E0639, E0640.

Code E0621 is a patient seat or sling to be used with a patient lift. It is included in the supply allowance for purchase of an initial patient lift.

A patient lift for a toilet/tub, any type (E0625) describes a device with which the beneficiary can be transferred from the toilet/tub to another seat (e.g., wheelchair). It is used for a beneficiary who is unable to ambulate. Devices included in this code may be attached to the toilet, ceiling, floor, or wall of the bathroom or may be freestanding. Some items may be placed in a tub for lifting the beneficiary in and out of the tub but may not necessarily be attached to the toilet, ceiling, floor, or wall of the bathroom.

A multi-positional patient support system, with integrated lift, patient accessible controls (E0636) describes a device that can be used to transfer the bed-bound beneficiary in either a sitting or supine position. It has electric controls of the lift function.

Code E0635 describes a patient lift used to transfer the bed-bound beneficiary by way of a sling or seat which is attached to the boom. The boom is attached to a spreader bar (base) to counterbalance the weight of the patient. The original device coded E0635 was the Hoyer by Ted Hoyer & Company, Inc.

Code E0639 describes a device in which the lift mechanism is part of a floor-to-ceiling pole system that is not permanently attached to the floor and ceiling and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. When a device is only used in a bathroom, it is coded E0625.

Code E0640 describes a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. When a device is only used in a bathroom, it is coded E0625.

A multi-positional patient transfer system, with integrated seat, operated by caregiver (E1035, E1036) describes a device that can be positioned and adjusted such that the bed-bound beneficiary can be transferred onto the device in the supine position. Once positioned on the device, it can then be adjusted to a chair-like position with multiple degrees of recline and leg elevation. It has small, castor wheels that are not accessible by the beneficiary for mobility. It has no electric controls.

Criteria:

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

- Patient Lifts may be covered for **1 or more** of the following:
 - Standard patient lift (E0630, E0639), as indicated by **ALL** of the following:
 - Transfer between bed and chair, wheelchair, or commode is required.
 - Without use of lift, beneficiary would be bed confined.
 - Electric patient lift (E0635), as indicated by **ALL** of the following:
 - Transfer between bed and chair, wheelchair, or commode is required.
 - Without use of lift, beneficiary would be bed confined.
 - The member's caregiver is unable to operate a hydraulic lift
 - Multi-positional patient transfer system (E0636, E1035, E1036), as indicated by **ALL** of the following:
 - Transfer between bed and chair, wheelchair, or commode is required.
 - Without use of lift, beneficiary would be bed confined.
 - Beneficiary requires supine positioning for transfers.
 - Patient lift sling or seat (E0621) as replacement for covered patient lift
- Seat Lift Mechanisms (E0172, E0627, E0629) may be covered for **ALL** of the following:
 - Device is reasonable and necessary, as indicated by **ALL** of the following:
 - Beneficiary with severe arthritis of hip or knee or severe neuromuscular disease
 - Beneficiary is completely incapable of standing up from regular armchair or any chair in their home with the use of a cane, walker or other assistive device.
 - Once standing, beneficiary has ability to ambulate.
 - Seat lift mechanism is part of treating practitioner's course of treatment and prescribed to affect improvement or arrest or retard deterioration in beneficiary's condition.
 - Practitioner ordering seat lift mechanism is treating practitioner or consulting practitioner for disease or condition resulting in need for seat lift.
 - Practitioner's record documents that all appropriate therapeutic modalities (eg, medication, physical therapy) have been tried and failed to enable beneficiary to transfer from chair to standing position.

- Type of lift is one that operates smoothly, can be controlled by beneficiary, and effectively assists beneficiary in standing up and sitting down without other assistance.

Patient lift system which require structural changes or remodeling (i.e. may not be removed from the home or are not portable) **are not covered** through the Medicaid DME program. Home modifications may be covered through the Medicaid CCC Plus Waiver Program. These items include but are 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 |
|--------|--|
| 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 |
| 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 |
| 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 |
| 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 |
|--------|---|
| E0640 | Patient lift, fixed system, includes all components/accessories |

Document History:

Revised Dates:

- 2024: August – criteria updated references updated
- 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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Provider Manual Title: DME - Appendix D: Service Authorization. (2024, 1). Retrieved 7 2024, from DMAS:

https://vamedicaid.dmas.virginia.gov/pdf_chapter/durable-medical-equipment-and-supplies#gsc.tab=0

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual’s treatment plan;
- Consistent with the individual’s diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

Keywords:

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