Sentara Health Plans

Medicaid

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.*.

Description & Definitions:

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

A patient **seat or sling** (E0621) is a to be used with a patient lift.

A **patient lift for a toilet/tub**, any type (E0625) describes a transfer device from the toilet/tub to another seat (e.g., wheelchair). Devices may be attached to the toilet, ceiling, floor, or wall of the bathroom or may be freestanding.

A **boom** (E0635) is attached to a spreader bar (base) to counterbalance the weight of the individual with a sling or seat which is attached to the boom. (also known as the original **Hoyer lift**)

A **lift mechanism is part of a floor-to-ceiling pole system** (E0639) describes a device in which the 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.

A **lift mechanism is attached to permanent ceiling tracks or a wall mounting system** (E0640) describes a device in which used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric.

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

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 no electric controls.

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

Criteria:

Transfer devices and patient lift devices are considered medically necessary with **1 or more** 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, individual 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.
    - Individual 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:
    - Individual with severe arthritis of hip or knee or severe neuromuscular disease
    - Individual 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, Individual 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 Individual'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 Individual to transfer from chair to standing position.
  - Type of lift is one that operates smoothly, can be controlled by Individual, and effectively assists Individual in standing up and sitting down without other assistance.

Note: No separate payment is made for installation. All costs associated with installation are included in the payment for the device.

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 (**CommonHelp.virginia.gov**). 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

Document History:

Revised Dates:

- 2026: July – Implementation date of November 1, 2026. Annual review. Housekeeping to definitions. No changes to criteria.
- 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:

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

Origination Date: June 2013

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
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.

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 Medicaid products.
  - DME Chapter IV (updated 12.5.25)_Final.pdf
- 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:
  - 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 by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22)_Final.pdf
  - **Documentation Requirements** DME Chapter IV (updated 5.23.25)_Final.pdf appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2025.xlsx
    - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other

health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
        - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
        - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
    - **Repair vs. Replacement Guidelines**
        - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
        - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
            - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
            - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
            - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
    - **Rental vs. Purchase Guideline**
        - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
        - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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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Keywords:

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