

Transfer Devices and Lifts

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| <u>Effective Date</u> | 06/2013 |
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| <u>Coverage Policy</u> | DME 42 |
| <u>Version</u> | 5 |

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 Oxygen for Home Use.

Description & Definitions:

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 with a request reviewed by a Medical Director
- 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

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 with a request reviewed by a Medical Director
- 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:**

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- 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 |
| 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 |
|--------|-------------|
| | None |

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).

(n.d.). Retrieved July 24, 2023, from Hayes:

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DME Manual - Appendix B. (2023, Jan). Retrieved July 24, 2023, from DMAS DME: <https://www.dmas.virginia.gov/providers/long-term-care/services/durable-medical-equipment/>

Local Coverage Determination (LCD) Commodes L33736. (2020, Jan 1). Retrieved July 24, 2023, from Centers for Medicare and Medicaid Services LCD: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33736&ver=20&keyword=Commode%20chair&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

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Local Coverage Determination (LCD) SEAT LIFT MECHANISMS L33801. (2023, July 2). Retrieved July 24, 2023, from Centers for Medicare & Medicaid Services LCD: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33801&ver=26&keyword=SEAT%20LIFT&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

National Coverage Determination (NCD) Seat Lift - 280.4. (Longstanding - 1989). Retrieved July 24, 2023, from CMS NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=221&ncdver=1&keyword=SEAT%20LIFT&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

NCD: DURABLE Medical Equipment Reference List - 280.1. (2005, May 5). Retrieved May 25, 2022, from CMS NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=364&ncdver=1&keyword=Lung%20cancer%25>

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