

LCD for Seat Lift Mechanisms (L11533)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11533

LCD Title

Seat Lift Mechanisms

Contractor's Determination Number

SLM20070101

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CMS National Coverage Policy

CMS Pub. 100-3, Chapter 1, Section 280.4

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 06/01/2007

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item addressed in this policy to be covered by Medicare, a written signed and dated order must be received by the supplier prior to delivery of the item. If the supplier delivers the item prior to receipt of a written order, it will be denied as noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

A seat lift mechanism is covered if all of the following criteria are met:

- 1) The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
- 2) The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition.
- 3) The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)

LCD Information

4) Once standing, the patient must have the ability to ambulate.

Coverage of seat lift mechanisms is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance. Excluded from coverage is the type of lift which operates by spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position.

Coverage is limited to the seat lift mechanism, even if it is incorporated into a chair (E0627). Payment for a seat lift mechanism incorporated into a chair (E0627) is based on the allowance for the least costly alternative (E0628, E0629).

The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position.

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIER:

EY - No physician or other licensed health care provider order for this item or service.

HCPCS CODES:

E0172 SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE

E0627 SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM

E0628 SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC

E0629 SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC

ICD-9 Codes that Support Medical Necessity

Not specified.

Diagnoses that Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items delivered before a signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

A Certificate of Medical Necessity (CMN), which has been completed, signed and dated by the treating physician, must be kept on file by the supplier, and made available upon request. The CMN may act as a substitute for a written order if it contains all of the required elements of an order. The CMN for seat lift mechanisms is CMS form 849 (DME form 07.03A). The initial claim must include an electronic copy of the CMN.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Certificate of Medical Necessity for Seat Lift Mechanism (SLM)

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from relevant clinical groups and the supplier community.

Start Date of Comment Period

03/30/1993

End Date of Comment Period

05/14/1993

Start Date of Notice Period

08/01/1993

General Information

Revision History Number

SLM005

Revision History Explanation

Revision Effective Date: 01/01/2007

DOCUMENTATION REQUIREMENTS:

CMN form revised – added new DME form number.

LCD ATTACHMENTS:

Removed previous CMN

Added new CMN

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

HCPCS CODES AND MODIFIERS:

Added: E0172

Revision Effective Date: 07/01/2004

LMRP converted to LCD and Policy Article

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added standard language concerning coverage of items without a written order prior to delivery.

DOCUMENTATION REQUIREMENTS:

Added standard language concerning use of the EY modifier for items without a written order prior to delivery.

Removed language allowing prior authorization for these items.

The revision date listed below is the date the revision was published and not necessarily the effective date for the revision.

01/01/2001 – Added reasonable and necessary language in Coverage and Payment Rules section. Added Coding Guidelines section. Added information in Documentation section.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11533 from DME PSC TriCenturion (77011) LCD L11533.

Reason for Change

Last Reviewed On Date

04/30/2004

General Information

Related Documents

Article(s)

[A19828 - Seat Lift Mechanisms – Policy Article – Effective September 2009](#)

LCD Attachments

[SLM CMN CMS-849](#) (41,725 bytes)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A19828

Article Type

Article

Key Article

Yes

Article Title

Seat Lift Mechanisms – Policy Article – Effective September 2009

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Primary Geographic Jurisdiction

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Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

06/01/2004

Article Revision Effective Date

09/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For an item addressed in this policy to be covered by Medicare, a written signed and dated order must be received by the supplier prior to delivery of the item. If the supplier delivers the item prior to receipt of a written order, it will be denied as noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

A seat lift mechanism placed over or on top of a toilet, any type (E0172) is non-covered.

CODING GUIDELINES

When providing a seat lift mechanism which is incorporated into a chair as a complete unit at the time of purchase, suppliers must bill the item using the established HCPCS code, E0627. In this situation, the supplier may bill the seat lift mechanism using E0627 and A9270 for the chair. However, if the seat lift mechanism, electric or non-electric, is supplied as an individual unit to be incorporated into a chair that a patient owns, the supplier must bill using the appropriate code for the seat lift mechanism for use with patient owned furniture, E0628 or E0629.

A toilet seat lift mechanism (E0172) is a device with a seat that can be raised with or without a forward tilt while the patient is seated, allowing the patient to ambulate once he/she is in a more upright position. It may be manually operated or electric. It is attached to the toilet. (For information about seat lift mechanisms which are incorporated in a commode, see the Commodes policy.)

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 09/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A19828 from DME PSC TriCenturion (77011) Article A19828.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Coverage statement for E0172.

CODING GUIDELINES:

Added: Definition of E0172.

Revision Effective Date: 07/01/2004

LMRP converted to LCD and Policy Article.

Related Documents

LCD(s)

[L11533 - Seat Lift Mechanisms](#)