

LCD for Patient Lifts (L5064)

Contractor Information

Contractor Name

[NHIC](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L5064

LCD Title

Patient Lifts

Contractor's Determination Number

PTLT

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CMS National Coverage Policy

CMS Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 280.1

Primary Geographic Jurisdiction

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

Vermont

Oversight Region

Region III

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 01/01/2009

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 to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

A patient lift is covered if transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the patient would be bed confined.

A patient lift described by codes E0630, E0635, E0639, or E0640 is covered if the basic coverage criteria are met. If the coverage criteria are not met, the lift will be denied as not medically necessary.

A multi-positional patient transfer system (E0636, E1035) is covered if both of the following criteria 1 and 2 are met:

1. The basic coverage criteria for a lift are met; and
2. The patient requires supine positioning for transfers.

If criterion 1 is not met, codes E0636 and E1035 will be denied as not medically necessary.

If criterion 1 is met but criterion 2 is not met, payment will be made for the least costly medically appropriate alternative, E0630.

If coverage is provided for code E1035, payment will be discontinued for any other mobility assistive equipment, including but not limited to: canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs.

Code E0621 is covered as an accessory when ordered as a replacement for a covered patient lift.

Coverage Topic

Durable Medical Equipment

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.

KX - Specific required documentation on file.

HCPCS CODES:

E0621 SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON

E0625 PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED

E0630 PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)

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

E0640 PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES

E1035 MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER

ICD-9 Codes that Support Medical Necessity

Not specified.

XX000

Not Applicable

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 billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

For E0636 or E1035, suppliers must add a KX modifier to a code only if all of the criteria in the "Indications and Limitations of Coverage and/or Medical Necessity" sections of this LCD have been met. If the requirements for the KX modifier are not met, the KX modifier must not be used.

The patient's medical record must contain information demonstrating that all of the applicable coverage criteria are met. This information must be available upon request.

When an upgrade is provided, the GA, GK, GL, and/or GZ modifiers must be used to indicate the upgrade.

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

Appendices

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

Start Date of Comment Period

03/30/1993

End Date of Comment Period

05/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

PTLT005

Revision History Explanation

Revision Effective Date: 01/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: Least costly alternative statement for E0635.

Revised: Coverage criteria for E0636.

Added: Coverage criteria for E0639 and E0640.

HCPCS CODES AND MODIFIERS:

Added KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: KX modifier requirement for E0636.

03/01/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L5064 from DME PSC TriCenturion (77011) LCD L5064.

Revision Effective Date: 01/01/2008

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added E1035

HCPCS CODES AND MODIFIERS:

Added E1035

Revised E0630

DOCUMENTATION REQUIREMENTS:

Added KX modifier instructions.

Added Upgrade instructions

11/10/2007 - The description for CPT/HCPCS code E0630 was changed in group 1

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed DMERC references

DOCUMENTATION REQUIREMENTS:

Removed DMERC references

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 policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision effective date: 01/01/2005

LMRP converted to LCD and Policy Article

HCPCS CODES AND MODIFIERS:

Added E0639, E0640

Revision effective date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY modifier, Added HCPCS code E0636

INDICATIONS AND LIMITATIONS OF COVERAGE:

Adds standard language concerning coverage of items without an order. Added least costly alternative language for E0636.

DOCUMENTATION REQUIREMENTS:

Adds standard language concerning use of EY modifier for items without an order.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A23657 - Patient Lifts - Policy Article - Effective January 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Patient Lifts - Policy Article - Effective January 2009 (A23657)

Contractor Information

Contractor Name

[NHIC](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A23657

Article Type

Article

Key Article

Yes

Article Title

Patient Lifts - Policy Article - Effective January 2009

[Primary Geographic Jurisdiction](#)

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

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

01/01/2005

Article Revision Effective Date

01/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

E0625 is non-covered; not primarily medical in nature.

Home modifications are noncovered by Medicare. Therefore suppliers must not submit claims for any structural changes or remodeling necessitated by the installation of a lift system.

Coding Guidelines

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

A patient lift for a toilet/tub, any type (E0625) describes a device with which the patient can be transferred from the toilet/tub to another seat (e.g., wheelchair). It is used for a patient 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 patient 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 patient in either a sitting or supine position. It has electric controls of the lift function.

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) describes a device that can be positioned and adjusted such that the bed-bound patient 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 patient for mobility. It has no electric controls.

The only products that may be billed with codes E0636, E0639, E0640, or E1035 are those which have received a written Coding Verification Review from the Pricing, Data Analysis, and Coding (PDAC) contractor and that are listed in the Product Classification List on the PDAC web site.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time.

Column I (Column II)

E0625 (E0621)

E0630 (E0621)

E0635 (E0621)

E0636 (E0621)

E0639 (**E0621**)

E0640 (**E0621**)

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

Coverage Topic

Durable Medical Equipment

Coding Information

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

Other Information

Other Comments

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A23657 from DME PSC TriCenturion (77011) Article A23657.

Revision History Explanation

Revision Effective Date: 01/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Deleted: Noncoverage statement for E0639, E0640.

Added: Noncoverage statement about home modifications.

Revised: E0625 noncoverage statement.

CODING GUIDELINES:

Added: Definition for E0636, E0639, and E0640.

Revised: Definition of E1035.

Added: Requirement for PDAC coding verification review for E0636, E0639, E0640, and E1035.

Reformatted bundling table.

Added E0639 and E0640 to table.

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 A23657 from DME PSC TriCenturion (77011) Article A23657.

Revision Effective Date: 01/01/2008

CODING GUIDELINES:

Added E1035.

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).

Revision Effective Date: 01/01/2007

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Moved bundling table to Coding Guidelines Section.

CODING GUIDELINES:

Included heavy duty and bariatric lifts in the existing lift codes. Added definition for E0625.

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: 01/01/2005
LMRP converted to LCD and Policy Article
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
E0639, E0640 added

Related Documents

LCD(s)

[L5064 - Patient Lifts](#)