



Health & Human Services

PATIENT LIFT

Service Authorization Required: No

CMN Required: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: November 2023

PATIENT LIFT

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following conditions are present:

- Transfers require the assistance of more than one person and without the use of a lift the member would be bed confined.
- Sling/Seat (**E0621**) is a covered item for replacement.
- Allowance of one every seven years.

Documentation Requirements:

- A prescription from ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.

Non-covered:

- **E0636**: Multi-positional patient support system, with integrated lift, patient accessible controls as it is a convenience feature.
- **E0625**: Patient lift, bathroom, or toilet, not otherwise classified non-covered as it is a convenience item.
- **E0639**: Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories (Moveable patient lift system). Not considered DME
- **E0640**: Patient lift, fixed system, includes all components/accessories (Fixed patient lift system). Not considered DME.



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Date Revised	Revisions
May 2017	Reviewed and reformatted
November 2019	Reviewed. Coverage criteria bullet one, patient changed to member. Documentation Requirements section bullet three Physician/practitioner exam within sixty days of the service authorization start date. Replaced with physician/practitioner exam per current DME Manual's requirements of 90 days. Header logo updated with new logo.
November 23, 2022	Reviewed and reformatted. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.