Policy Number	**DME101.034**
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Seat Lift Mechanisms and Patient Lifts

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Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For Illinois only: Illinois Public Act 103-0458 [Insurance Code 215 ILCS 5/356z.61] (HB3809 Impaired Children) states all group or individual fully insured PPO, HMO, POS plans amended, delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment.

Coverage

Seat Lift Mechanisms

Seat lift mechanisms **may be considered medically necessary** for the following:

- Device is reasonable and necessary, as indicated by **ALL** of the following:
  - Prescribed by a practioner for an individual with severe arthritis of hip or knee or muscular dystrophy or severe neuromuscular disease.
  - Individual can benefit therapeutically from use of the device.

    - Individual is completely incapable of standing up from regular armchair or any chair in their home.
    - Once standing, the 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 (e.g., medication, physical therapy) have been tried and failed to enable the individual to transfer from chair to standing position.
- Type of lift is one that operates smoothly, can be controlled by the individual, and effectively assists the individual in standing up and sitting down without other assistance.

Seat lift mechanisms **are considered not medically necessary** for **ANY** of the following:

- Type of lift that operates by spring release mechanism with sudden, catapult-like motion and that jolts the individual from seated to standing position.

Patient Lifts

Patient lifts **may be considered medically necessary** for **1 or more** of the following:

- Standard patient lift (E0630, E0635, E0639, or E0640), as indicated by **ALL** of the following:
    - Transfer between bed and chair, wheelchair, or commode is required, and
    - Without use of lift, patient would be bed confined.
- 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, and
    - Without use of lift, patient would be bed confined, and
    - Patient requires supine positioning for transfers.
- Patient lift sling or seat (E0621) as replacement for a previously approved patient lift.

Toilet Seat Lifts

A commode type seat lift **may be considered medically necessary** when:

- Chair with seat lift mechanism (E0170, E0171) for an individual who meets coverage criteria for seat lift mechanism. (See Seat Lift Mechanism above.)

Commode chair with a seat lift mechanism (E0170, E0171) **are considered not medically necessary** for an individual capable of walking from bed to bathroom.

Policy Guidelines

If the projected cost of renting lifts or related equipment for temporary conditions exceeds the cost of purchasing the equipment, reimbursement should never exceed the purchase price.

If the cost of repair exceeds the cost of purchasing a new item or renting the item for the remaining period of medical need, the most cost-effective alternative should be chosen.

Heavy duty and bariatric lifts are included in the codes for patient lifts, E0630, E0635, E0636, E0639, E0640. (2)

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

Code E0635 describes a patient lift used to transfer the bed-bound individual by way of a sling or seat which is attached to the boom. The boom is attached to a spreader bar (base) to counterbalance the weight of the patient. The original device coded E0635 was the Hoyer by Ted Hoyer & Company, Inc.

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, E1036) describes a device that can be positioned and adjusted such that the bed-bound individual 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 individual for mobility. It has no electric controls.

Description

Seat Lift Mechanisms (1)
A seat lift is durable medical equipment that may therapeutically benefit a patient with specific mobility issues.

Patient Lifts (2-4)
A patient lift is an assistive device that helps transfer a patient with limited mobility from the bed to a chair and back. Patient lifts are operated either by hydraulic-manual pumping or an electric motor.

Toilet Seat Lifts (2,4-5)
A commode with seat lift mechanism is intended to allow the individual to walk after standing.

A commode with seat lift mechanism is a free-standing device that has a commode pan and that has an integrated seat that can be raised with or without a forward tilt while the individual is seated. An integrated device is one which is sold as a unit by the manufacturer and in which the lift and the commode cannot be separated without the use of tools.

A toilet seat lift mechanism is a device with a seat that can be raised with or without a forward tilt while the individual is seated, allowing the individual to stand and ambulate once he/she is in an upright position. It may be manually operated or electric. It is attached to the toilet.

Rationale

This policy is based on a review of coverage guidance from the Centers for Medicare and Medicaid Services (CMS) specific to seat lift mechanisms, patient lifts, and toilet seat lifts.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	None
HCPCS Codes	E0170, E0171, E0172, E0621, E0625, E0627, E0629, E0630, E0635, E0636, E0639, E0640, E1035, E1036, E2230

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

References

National and Local Coverage Determination:

1. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Seat Lift Mechanisms (L33801 Revision 6). (August 15, 2025) Available at <https://www.cms.hhs.gov> (accessed September 9, 2025).
2. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Patient Lifts (A52516). (January 1, 2020) Available at <https://www.cms.hhs.gov> (accessed September 9, 2025).
3. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Patient Lifts (L33799 Revision 4). (August 15, 2025) Available at <https://www.cms.hhs.gov> (accessed September 9, 2025).
4. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) for Seat Lift (280.4 Version 1). (May 1, 1989) Available at <https://www.cms.hhs.gov> (accessed September 9, 2025).
5. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Commodes (L33736 Revision 7). (August 15, 2025) Available at <https://www.cms.hhs.gov> (accessed September 9, 2025).

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change
01/01/2026	Document updated with literature review. The following changes were made to Coverage: 1)Coverage criteria revised to be consistent with coverage guidance from the Centers from Medicare and Medicaid Services, and 2) Removed conditional criteria for standing frames/systems. These codes will be addressed on ADM1001.035. References 1, 3 and 5 added, some updated and others removed. Title changed from Lifts, Elevators, and Standing Frames/Systems.
02/15/2025	Document updated with literature review. Coverage unchanged. References updated.
03/15/2024	Reviewed. No changes.

03/15/2023	Document updated with literature review. Minor changes made to coverage without change to intent; patients changed to individuals. References updated.
07/01/2022	Reviewed. No changes.
06/15/2021	Document updated with literature review. Coverage reorganized for clarity. Title changed from “Lifts and Elevator Systems”. References 1-6 and 8-13 added; several removed.
06/15/2020	Document updated with literature review. Coverage unchanged. The following references were added: 6, 9, 10 and 23; other references updated or removed.
04/01/2018	Reviewed. No changes.
03/01/2017	Document updated with literature review. Coverage unchanged. The following was added to NOTE 3, “including reupholstering costs.”
02/15/2016	Reviewed. No changes.
02/15/2015	Document updated with literature review. The following coverage statement was added: Manually operated multi-positional patient transfer systems are considered medically necessary when the patient demonstrates that all the following criteria are met and documented: (1) The patient lift, lifter, sling, or hoist criteria has been met; AND (2) The patient requires supine positioning for transfers. CPT/HCPCS code(s) updated.
11/01/2011	Document updated with literature review. The following was added: Battery or electrical powered patient lift, lifter, sling or hoist are considered not medically necessary and therefore not eligible for coverage because they are considered convenience items or features.
02/15/2010	Revised and updated entire document. No change in coverage position. This policy is no longer scheduled for routine literature review and update.
07/01/2007	Revised/updated entire document
02/15/2006	Coverage revised
09/01/2005	Revised/updated entire document, combined into one medical document from originating policies entitled “Seat or Chair Lifts, Patient Lifts, and Toilet Seat Lifts”.
04/01/2003	Coverage revised
02/01/2002	Coverage revised
06/01/2001	Coverage revised
09/01/1999	Revised/updated entire document
06/01/1998	Coverage revised
05/01/1996	Medical policy number changed
12/01/1990	New medical document