



DETAILED WRITTEN ORDER
Homecare Dimensions

Document #: **09.DWO.HCD.20b**
Effective: **09/15/2009**

Rev.: **B**

Title: **Patient Lift**

Page #: **1 of 2**

Initial Date of Medical Necessity: _____

Patient Name: _____ Medicare #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone #: _____ Cell #: _____ DOB: _____

Email: _____ Length of Need: _____ (99 = Lifetime)

Diagnosis Code: _____

Medical records: The Medical Records, **supplied with this order**, documents that the patient lift is required to transfer the patient between bed and a chair, wheelchair, or commode and, without the use of a lift, the patient would be bed confined.

Equipment Ordered: All Patient Lift and accessories are billed using the specific codes listed in the Local Coverage Determination.

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	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	Multi-positional 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

Treating Physician Signature: _____ Date: _____

Treating Physician Name: _____ NPI: _____

Continue on Following Page



DETAILED WRITTEN ORDER
Homecare Dimensions

Document #:
09.DWO.HCD.20b
Effective:
09/15/2009

Rev.:
B

Title:
Patient Lift

Page #:
2 of 2

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.

Claims for a Patient Lift (E0630, E0635, E0639, E0640): 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.

Claims for a Positional Transfer System (E0636, E0135635, E0639, E0640): A multi-positional patient transfer system (codes E0636, E1035) is covered if both of the following are met:

The criteria for a Patient Lift (E0630) are met; **and**,
The patient requires supine positioning for transfers.

End of Document