



DETAILED WRITTEN ORDER PRIOR TO DELIVERY
Homecare Dimensions

Document #: **09.DWO.HCD.21b**
Effective: **09/15/2009**

Rev.: **B**

Title: **Seat Lift Mechanism**

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**, must document that the lift is needed to enable the patient to transfer from a chair to a standing position **and** all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed.

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

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	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

Treating Physician Signature: _____ Date: _____

Treating Physician Name: _____ NPI: _____

Continue on Following Page



DETAILED WRITTEN ORDER PRIOR TO DELIVERY
Homecare Dimensions

Document #: **09.DWO.HCD.21b**
Effective: **09/15/2009**

Rev.:
B

Title: **Seat Lift Mechanism**

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 Seat Lift Mechanism: A seat lift covered if **ALL** of the following criteria are met:

The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.

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.

The patient must be completely incapable of standing up from a regular armchair or any chair in their home.

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).

End of Document