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Medicare Advantage Policy Manual **Policy ID:** M-DME23

Multi-Positional Patient Transfer System

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

A patient lift is a device used to assist a caregiver(s) with transferring a patient when the patient is unable to assist with transfer. A seat or sling is placed under the patient and he/she is hydraulically or electronically lifted.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	See References[1]

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	Patient Lifts (L33799) According to LCA (A52516), “The only products that may be billed with codes E0636, E0639, E0640, E1035, or E1036 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.” **Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Medical records must document that transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the beneficiary would be bed confined; and,
- The beneficiary requires supine positioning for transfers.

Note, while an item or component may be dispensed by a durable medical equipment (DME) supplier or professional provider, or is expected to be useful or beneficial to an individual in some manner, that does not mean the item would be appropriately classified as “durable medical equipment” or would be eligible for coverage. This is true even if the item has some remote medically-related use.[3]

CROSS REFERENCES

None

REFERENCES

1. NCD for Durable Medical Equipment Reference List (280.1)
2. Noridian LCA for Patient Lifts - Policy Article (A52516) [Last Cited 07/18/2023]]
3. Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §110.1 Definition of Durable Medical Equipment *(see all subsections)*

CODING

NOTE: As with all services and items, providers and suppliers are expected to report all items with the appropriate Healthcare Common Procedure Coding System (HCPCS) code. See the Medicare PDAC Contractor's (Palmetto GBA) Product Classification List (select the "Product Classification List" button if not already selected) to determine appropriate HCPCS coding for a specific item.

Codes	Number	Description
CPT	None	
HCPCS	E0636	Multi-positional patient support system, with integrated lift, patient accessible controls
	E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
	E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*