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Patient Lifts (for Louisiana Only)

Policy Number: CS185LA.~~BC~~

Effective Date: ~~December 1, 2022~~ TBD

[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

Coverage Rationale

~~The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.~~

Indications for Coverage

Patient Lifts

Lifts are approved only if all of the following conditions are met:

- If the beneficiary is confined to bed, chair or room and is unable to transfer or unable to achieve needed movement with or without assistance;
- If the caregiver is unable without the use of a lift to provide periodic movement necessary to arrest or retard deterioration in the beneficiary's condition, thus affecting improvement in rehabilitation; and
- When the caregiver is unable to transfer beneficiary from chair to bed or bath (or vice versa) e.g., because of beneficiary's size or weight

Note: Medicaid covers hydraulic lifts. Medicaid does not cover electric lifts.

Lift Slings

Lift slings or seats, either canvas or nylon, are considered part of the lift and are only covered as replacement items.

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Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
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	Multipositional 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, 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

Codes labeled with an asterisk(*) are not on the state of Louisiana Fee Schedule and therefore not covered by the State of Louisiana Medicaid Program.

References

Louisiana Department of Health, Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual; Issued ~~September 1, 2010~~ **February 28, 2023**. <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf>. Accessed ~~June 10, 2022~~ **March 15, 2023**.

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Policy History/Revision Information

Date	Summary of Changes
<u>TBD</u>	<u>Application</u> <ul style="list-style-type: none">• <u>Added language (relocated from the Coverage Rationale section) to indicate the coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth [in the policy] in accordance with State requirements</u> <u>Applicable Codes</u> <ul style="list-style-type: none">• <u>Removed HCPCS code E0625</u> <u>Supporting Information</u> <ul style="list-style-type: none">• <u>Updated References section to reflect the most current information</u>• <u>Archived previous policy version CS185IA.B</u>

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.