
Seat Lift Mechanism

MEDICAL POLICY NUMBER: 141

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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

- I. A seat lift mechanism may be considered **medically necessary** if all of the following criteria are met (A.-G.):
 - A. The practitioner ordering the seat lift mechanism must be the treating practitioner or a consulting practitioner for the disease or condition resulting in the need for a seat lift; **and**
 - B. The member must have severe arthritis of the hip or knee or have a severe neuromuscular disease (e.g. muscular dystrophy); **and**
 - C. The seat lift mechanism must be a part of the treating practitioner’s course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient’s condition; **and**
 - D. The member must be completely incapable of standing up from a regular armchair or any chair in their home; **and**
 - E. Once standing, the member must have the ability to ambulate; **and**
 - F. The seat lift must operate smoothly, can be controlled by the member, and effectively assists the member in standing up and sitting down without other assistance; **and**
 - G. Documentation must show that all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed to enable the member to transfer from a chair to a standing position.

- II. A commode chair with seat lift mechanism (E0170, E0171) may be considered **medically necessary** when both of the following criteria are met (A.- B.):
 - A. Criterion I. above is met; **and**

- B. At least one of the following criteria are met (1.-3.)
1. Member is confined to a single room; **or**
 2. Member is confined to one level of the home environment and there is no toilet on that level; **or**
 3. Member is confined to the home and there are no toilet facilities in the home.
- III. Seat lift mechanisms, including commode chairs with seat lift mechanisms, are considered **not medically necessary** when criterion I. above is not met.
- IV. Seat lifts, which operate by spring release mechanism with a sudden, catapult-like motion and jolt the patient from a seated to a standing position, are considered **not medically necessary**.
- V. Toilet seat lift mechanisms of any type (E0172) placed over or on top of a toilet, are considered **not medically necessary**.

POLICY CROSS REFERENCES

- [Durable Medical Equipment Prosthetics Orthotics and Supplies \(DMEPOS\)](#), MP142
- [Wheelchairs and Power Vehicles](#), MP140

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

This policy may be primarily based on the following Centers for Medicare & Medicaid Services (CMS) coverage guidance:

- National Coverage Determination (NCD) for Durable Medical Equipment Reference List ([280.1](#))¹
- National Coverage Determination (NCD) for Seat Lift ([280.4](#))²
- Local Coverage Determination (LCD): Seat Lift Mechanisms ([L33801](#))³
- Local Coverage Article (LCA): Seat Lift Mechanisms - Policy Article ([A52518](#))⁴
- Local Coverage Determination (LCD): Commodes ([L33736](#))⁵
- Local Coverage Article (LCA): Commodes - Policy Article ([A52461](#))⁶

DEFINITIONS

According to Medicare (LCA A52518), the following definitions apply to equipment addressed in this medical policy:

- A commode with seat lift mechanism (E0170, E0171) 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 member 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 member is seated, allowing the member 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. These devices are coded as E0172.

BACKGROUND

A seat lift mechanism is a mechanical device installed in a chair, which smoothly advances a patient from a sitting to a standing, or a standing to a sitting position. The mechanism is patient controlled.

Toilet seat lift mechanism (E0172) is a device with a seat that can be raised with or without tilt while the patient is seated, allowing the patient to ambulate once he/she is in a more upright position. It may be manually operated or electric. It is attached to the toilet.

BILLING GUIDELINES AND CODING

A seat lift mechanism that is electrically operated is billed using HCPCS code E0627.

A manually operated seat lift mechanism is billed using HCPCS code E0629.

When providing a seat lift mechanism that is incorporated into a chair as a complete unit at the time of purchase, suppliers must bill the item using the established HCPCS code for the seat lift mechanism. In this situation, the supplier may bill the seat lift mechanism using E0627 or E0629, and bill A9270 for the chair.

CODES*		
CPT	None	
HCPCS	E0167	Pail or pan for use with commode chair, replacement only
	E0170	Commode chair with integrated seat lift mechanism, electric, any type
	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
	E0172	Seat lift mechanism placed over or on top of toilet, any type
	E0627	Seat lift mechanism, electric, any type
	E0629	Seat lift mechanism, non-electric, any type
	E0985	Wheelchair accessory, seat lift mechanism

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted

code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended.**

- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). Version: 2. Effective: 5/5/2005. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=190>. Accessed 5/3/2022.
2. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Seat Lift (280.4). Version 1. Effective: 5/1/1989. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=221>. Accessed 5/3/2022.
3. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Seat Lift Mechanisms (L33801). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33801>. Accessed 5/3/2022.
4. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Seat Lift Mechanisms - Policy Article (A52518). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52518>. Accessed 5/3/2022.
5. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Commodes (L33736). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33736>. Accessed 5/3/2022.
6. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Commodes - Policy Article (A52461). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52461>. Accessed 5/3/2022.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.