

# Medicare Medical Policy

## Seat Lift Mechanism

MEDICARE MEDICAL POLICY NUMBER: 301

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**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

## PRODUCT AND BENEFIT APPLICATION

Medicare Only

### MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines
<i>Seat Lifts – General (E0627, E0629, E0985)</i>	Local Coverage Determination (LCD): Seat Lift Mechanisms ( <a href="#">L33801</a> )  <b>Note:</b> The same coverage criteria is also found in the National Coverage Determination (NCD) for <i>Seat Lift</i> ( <a href="#">280.4</a> ); the LCD duplicates the information within the NCD, but in a user-friendly, easy to read format. Thus, the LCD is used as the primary reference for coverage determinations, but it does not conflict with, nor supersede, the NCD.  <i>See “Policy Guidelines” for information regarding seat lifts used with wheelchairs.</i>
<i>Commodes with Seat Lift Mechanisms (E0170, E0171)</i>	Local Coverage Determination (LCD): Commodes ( <a href="#">L33736</a> )  <b>Note:</b> Coverage of a commode with seat lift mechanism requires the patient to meet criteria for <b>both</b> commodes ( <a href="#">L33736</a> ) <b>and</b> seat lifts ( <a href="#">L33801</a> ). Since this type of equipment is intended to allow the patient to walk after they get to a standing position, this implies the individual is able to ambulate. If this the case, it is not expected many individuals will meet the coverage criteria for a commode, resulting in no-coverage of a commode with seat lift mechanism device.
<i>Toilet Seat Lift Mechanism (E0172)</i>	Local Coverage Article (LCA): Seat Lift Mechanisms - Policy Article ( <a href="#">A52518</a> ) ( <i>See the “Non-Medical Necessity Coverage and Payment Rules” section within the LCA</i> )

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member’s benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## **POLICY CROSS REFERENCES**

None

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

## **POLICY GUIDELINES**

### **BACKGROUND**

#### **Description**

A lift chair unit consists of two primary components - the chair and the motorized lift mechanism.

The lift mechanism can be provided as part of a household chair (e.g., armchair, recliner, etc.), or in a wheelchair. When part of a recliner or other household chair, only the seat lift mechanism component meets the Medicare definition of “durable medical equipment” (DME). Coverage would not be allowed for the household chair, even if medical necessity criteria are met for the seat lift component.

#### **Seat Lift Mechanisms Used with a Wheelchair**

According to the DMEMAC, Noridian, coverage criteria for a seat lift mechanism are in conflict with the coverage criteria for a wheelchair. Therefore, an individual cannot qualify for both items simultaneously. In order to qualify for a seat lift mechanism, the patient must be able to ambulate once they have established a standing position, even if a cane or walker is needed to ambulate. In contrast, criteria for a wheelchair “require that the patient be functionally non- ambulatory (unable to walk) within the home.”<sup>2</sup> Note that some types of power standing features (E2301) are also not covered wheelchair accessories.<sup>3</sup>

## **REGULATORY STATUS**

### **U.S. FOOD & DRUG ADMINISTRATION (FDA)**

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## **BILLING GUIDELINES AND CODING**

### **GENERAL**

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as additional coverage and non-coverage scenarios and frequency utilization allowances and limitations:

- LCA: Seat Lift Mechanisms - Policy Article ([A52518](#))
- LCA: Commodes - Policy Article ([A52461](#))

## BILLING

### Seat Lift Mechanism with Household Chair

When a seat lift mechanism is incorporated into a household chair (i.e., recliner, armchair, etc.) as a complete unit at the time of purchase, suppliers must bill the seat lift mechanism component using the established HCPCS code for the type of mechanism (E0627 or E0629), but the recliner must be reported using HCPCS code A9270. Only the seat lift mechanism is eligible for coverage. (LCA A52518)

### Replacement Pail or Pan for Commodes

HCPCS code E0167 represents a “replacement only” item. The allowance of a pan or pail with a commode is included in the allowance for HCPCS codes E0170 and E0171 and thus, HCPCS E0167 should not be reported separately at the same time as HCPCS codes E0170 or E0171.

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 code list above 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. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- 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. National Coverage Determination (NCD) for *Durable Medical Equipment Reference List* ([280.1](#))
2. Noridian web page for *Can a Beneficiary Simultaneously Qualify for a Wheelchair and a Seat Lift Mechanism?*; Available at: <https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/can-a-beneficiary-simultaneously-qualify-for-a-wheelchair-and-a-seat-lift-mechanism->
3. Noridian LCA for *Wheelchair Options/Accessories - Policy Article* ([A52504](#))

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
5/2022	Annual review (converted to new format 2/2023)
7/2023	Annual review; no change
6/2024	Annual review; no change
5/2025	Annual review; no change