


MEDICAL POLICY	Seat Lift Mechanism (Medicare Only)
Effective Date: 5/1/2022	Medical Policy Number: 301
 5/1/2022	Medical Policy Committee Approved Date: 5/2021; 4/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

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”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA	
<p>The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.</p>	
Service	Medicare Guidelines
<i>Seat Lifts – General (E0627, E0629, E0985)</i>	<p>Local Coverage Determination (LCD): Seat Lift Mechanisms (L33801)</p> <p>Note: The same coverage criteria is also found in the National Coverage Determination (NCD) for <i>Seat Lift</i> (280.4); 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.</p> <p><i>See “Policy Guidelines” for information regarding seat lifts used with wheelchairs.</i></p>
<i>Commodes with Seat Lift Mechanisms (E0170, E0171)</i>	<p>Local Coverage Determination (LCD): Commodes (L33736)</p> <p>Note: Coverage of a commode with seat lift mechanism requires the patient to meet criteria for both commodes (L33736) and seat lifts (L33801). 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</p>

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	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 (A52518) <i>(See the “Non-Medical Necessity Coverage and Payment Rules” section within the LCA)</i>

POLICY GUIDELINES

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.”² Note that other types of power seat elevation and standing features (E2300, E2301) are also not covered wheelchair accessories.³

BILLING GUIDELINES

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

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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.

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
E0627	Seat lift mechanism, electric, any type
E0629	Seat lift mechanism, non-electric, any type
E0985	Wheelchair accessory, seat lift mechanism
No Prior Authorization Required	
E0167	Pail or pan for use with commode chair, replacement only
Not Covered	
E0172	Seat lift mechanism placed over or on top of toilet, any type

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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

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.

REGULATORY STATUS

Mental Health Parity Statement

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.

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](#))