


<b>MEDICAL POLICY</b>	<b>Seat Lift Chair Mechanism (All Lines of Business Except Medicare)</b>
<b>Effective Date: 6/1/2021</b>   <div style="text-align: right;">6/1/2021</div>	Medical Policy Number 141  Medical Policy Committee Approved Date: 9/91; 8/94; 5/97; 1/98; 1/00; 2/01; 1/02; 2/03; 3/04; 5/06; 4/07; 7/07; 7/09; 7/11; 1/13; 9/14; 10/15; 9/16; 11/17; 10/18; 11/19; 4/2020; 5/2021
Medical Officer <div style="text-align: right;">Date</div>	

**See Policy 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:**

All lines of business except Medicare

**BENEFIT APPLICATION**

Medicaid 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.

**POLICY CRITERIA**

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

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

I. A seat lift mechanism may be considered **medically necessary and covered** 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; **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. Commode chair with seat lift mechanism (E0170, E0171) may be considered **medically necessary and covered** if the above criterion I. is met.
  - III. Seat lift mechanisms, including commode chairs with seat lift mechanisms, are considered **not medically necessary and not covered** 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 and not covered**.
  - V. Toilet seat lift mechanisms of any type (E0172) placed over or on top of a toilet, are considered **not medically necessary and not covered**.

## POLICY GUIDELINES

### Definitions

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

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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.

**BILLING GUIDELINES**

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.

**HCPCS CODES**

All Lines of Business Except Medicare	
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

**DESCRIPTION**

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.

## 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.

## MEDICAL POLICY CROSS-REFERENCES

- Durable Medical Equipment (All Lines of Business Except Medicare)
- Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)

## 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/details/ncd-details.aspx?NCDId=190>. Accessed 3/22/2021.
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 3/22/2021.
3. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Seat Lift Mechanisms (L33801). Effective: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33801>. Accessed 3/22/2021.
4. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Seat Lift Mechanisms - Policy Article (A52518). Effective: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52518>. Accessed 3/22/2021.

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5. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Commodes (L33736). Effective: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33736>. Accessed 3/22/2021.
6. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Commodes - Policy Article (A52461). Effective: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52461>. Accessed 3/22/2021.