

MEDICAL POLICY

Medical Policy Title	Patient Lifts
Policy Number	1.01.08
Current Effective Date	July 17, 2025
Next Review Date	July 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

- I. Patient lifts are considered **medically appropriate** as durable medical equipment (DME) when **ALL criteria in both A and B** are met:
 - A. Periodic movement is necessary to effect improvement, or to stop, or delay deterioration in the patient's condition;
 - B. **ALL** the following criteria are met:
 1. Transfer between bed and chair, wheelchair or commode requires the assistance of more than one (1) person;
 2. Without the use of the lift, the patient would be confined to bed;
 3. An adequately trained person, other than the patient, is available to help operate the lift; **and**
 4. A motorized lift (e.g., Sara lift) is appropriate for coverage only if a hydraulic lift (e.g., Hoyer lift) is inadequate to meet the special medical needs of the patient.
- II. Seat lift chair mechanisms are considered **medically appropriate** as durable medical equipment in **ONE** of the following situations:
 - A. The patient has severe arthritis of the hip or knee; **or**
 - B. **ALL** of the following criteria are met:
 1. The patient has a severe neuromuscular disease;
 2. All appropriate therapeutic modalities to enable the patient to transfer from a chair to a standing position (e.g., medication, physical therapy) have been tried and failed;
 3. The patient is completely incapable of standing up from a regular armchair or any chair in his/her home; **and**
 4. Once standing the patient is able to ambulate.
- III. Patient lifts/seat lift chair mechanisms containing nonstandard features (e.g., convenience or luxury features such as combination scale and lift) where there exists a reasonably feasible and medically appropriate alternative standard pattern of care are considered **not medically necessary or ineligible for coverage** based upon the member's subscriber contract.

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IV. DME Repair

- A. Repair of a medically necessary patient lift or its components not under warranty will be considered **medically appropriate** when the following criteria are met:
 - 1. Physician documentation includes **ALL** of the following:
 - a. date of DME initiation;
 - b. manufacturer warranty information, if applicable;
 - c. attestation that the patient has been compliant with the use of the DME and will continue to benefit from the use of the DME;
 - 2. The DME is no longer functioning adequately; and **BOTH** of the following criteria are met:
 - a. inadequate function interferes with activities of daily living; **and**
 - b. repair is expected to make the equipment fully functional (as defined by manufacturer).
- B. Repair of equipment damaged due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.

V. DME Replacement

- A. Replacement of a medically necessary patient lift or its components not under warranty will be considered **medically appropriate** when **EITHER** of the following criteria are met:
 - 1. The DME is no longer functioning adequately and has been determined to be non-repairable or the cost of the repair is in excess of the replacement cost; **or**
 - 2. There is documentation that a change in the patient's condition makes the present unit non-functional and improvement is expected with a replacement unit.
 - B. The replacement of a properly functioning patient lift, its components or accessories is considered **not medically necessary**. This includes, but is not limited to, replacement desired due to advanced technology or to make the DME more aesthetically pleasing;
 - C. The replacement of equipment damaged or lost due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.
- VI. Accessories or components for patient lifts that are considered not medically necessary or investigational by peer-reviewed literature will also be considered as **not medically necessary or investigational** by the Health Plan.

RELATED POLICIES

Corporate Medical Policy

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1.01.00 Durable Medical Equipment - Standard and Non-Standard

POLICY GUIDELINE(S)

- I. Nonstandard features that are presumptively nonmedical in nature and used primarily and customarily for a nonmedical purpose, even though the item may have some remote medically related use, will not be considered “medical equipment” and are **ineligible for coverage**.
- II. The following patient lifts are **ineligible for coverage** because the devices do not meet the criteria for durable medical equipment:
 - A. Bath lifts (bathroom or toilet);
 - B. Ceiling lifts (patient lifts mounted on tracks attached to the ceiling);
 - C. Platform lifts;
 - D. Stair gliders;
 - E. Stairway chair/stair lifts;
 - F. Powered wheelchair lifts (provides access to stairways or car trunks);
 - G. Van lifts (used to a lift wheelchair into a truck or van).

DESCRIPTION

Patient Lifts

Patient lifts or similar transfer devices are assistive devices that enable the movement and positioning of an immobilized patient to and from a sitting and/or supine position. The Hoyer lift is a manual device that uses hydraulics. The Sara lift is motorized and portable.

Seat Lift Chair Mechanisms

A seat lift chair is a lounge chair that has a motorized seat mechanism which, when activated, lifts the body from a sitting to a standing position. The seat also can lower the body from a standing to sitting position. It is an assistive device for patients who are able to ambulate once they are in a standing position.

Bathroom Lifts

A bathroom lift is a device with which the patient can be transferred from the toilet/tub to another seat. Some items may be placed in a tub for lifting the patient in and out of the tub but may not necessarily be attached to the toilet, ceiling, floor, or wall of the bathroom.

Ceiling Lifts

A ceiling lift (Zero Lifting) is a device that incorporates a lift or walking sling mounted on tracks that are installed into the ceiling of the home/facility and allow for transfer of a patient.

SUPPORTIVE LITERATURE

Not Applicable

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PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

The United States Food and Drug Administration (FDA) regulates patient lifts as medical devices. All patient lifts including related components require FDA approval before marketing and use in the United States to ensure they are safe and effective for human use. Refer to the FDA Medical Device website. Available from: <https://www.fda.gov/medical-devices> [accessed 2025 Jun 26]

The FDA lists the most serious type of medical device recalls as well as early alert communications about corrective actions being taken by companies that the FDA believes are likely to be the most serious type of recalls on our website by the date that the FDA posts the information on our website. Available from: [Medical Device Recalls | FDA](#) [accessed 2025 Jun 26]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
Not Applicable	

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HCPCS Codes

Code	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0625 (NMN)	Patient lift, bathroom or toilet, not otherwise classified
E0627	Seat lift mechanism, electric, any type
E0629	Seat lift mechanism, nonelectric, any type
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E0635	Patient lift, electric, with seat or sling
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels

ICD10 Codes

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Code	Description
Multiple codes	

REFERENCES

Home Medical Equipment Answer Book, 2003 Edition.

St. Anthony's Medicare Reference Manual. 2001 Mar; 60-8.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[NCD - Durable Medical Equipment Reference List \(280.1\)](#) [accessed 2025 May 21]

[NCD - Seat Lift \(280.4\)](#) [accessed 2025 May 21]

[LCD - Patient Lifts \(L33799\)](#) [accessed 2025 May 21]

[LCD - Seat Lift Mechanisms \(L33801\)](#) [accessed 2025 May 21]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

07/02/99, 05/23/02, 06/26/03, 06/24/04, 06/23/05, 06/22/06, 06/28/07, 06/26/08, 06/25/09, 06/24/10, 06/24/11, 06/28/12, 06/27/13, 06/26/14, 06/25/15, 06/22/16, 06/22/17, 06/28/18, 06/27/19, 06/25/20, 06/24/21, 06/16/22, 07/20/23, 07/18/24, 07/17/25

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Date	Summary of Changes
07/17/25	Annual review; policy title updated to: Patient Lifts. DME repair/replacement canned statements added.
01/01/25	Summary of changes tracking implemented.
07/02/99	Original effective date