



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Subject **Seat Lift Mechanisms, Patient Lifts and Standing Devices**

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Hyperlink to Related Coverage Policies

Bathroom and Toilet Equipment and Supplies
Wheelchairs/Power Operated Vehicles

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

Coverage for a seat lift mechanism, patient lift, multi-positional transfer system or standing device is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

Under many benefit plans coverage of lifting devices is limited to a manual hydraulic lift. If coverage is available for a manual hydraulic patient lift, the following conditions of coverage apply.

CIGNA covers a standard manual hydraulic (HCPCS E0630) patient lift as medically necessary when ALL of the following criteria are met:

- transfer between bed and a chair, wheelchair or commode requires the assistance of more than one person
- without the use of a lift, the individual would be confined to bed
- an adequately trained person, other than the individual, is available to help operate the lift

Patient lifts (mechanical or motorized), seat lifts (mechanical or motorized), seat lift mechanisms, patient transfer systems (including multi-positional systems), and standing devices/systems are specifically excluded under many benefit plans and therefore are generally not covered. If coverage is available for ANY of the following devices the following conditions of coverage apply.

CIGNA covers a seat lift mechanism* (HCPCS code E0627, E0629) as medically necessary when BOTH of the following conditions are met:

- An individual, who has the ability to ambulate, is incapable of independently going from a sitting to a standing position from a regular armchair.
- Appropriate therapeutic modalities designed to enable the individual to transfer from a chair to a standing position (e.g., medications, physical therapy, occupational therapy) have been attempted without lasting success.

***Coverage for a seat lift mechanism is limited to the seat lift mechanism only, even if the mechanism is incorporated into a chair.**

CIGNA covers a multi-positional transfer system (HCPCS code E1035, E1036) as medically necessary when an individual meets criteria for a standard manual hydraulic lift and has a medical condition requiring a supine transfer.

CIGNA covers the following standing device systems as medically necessary when criteria are met:

- A non-powered, single-position standing device (HCPCS code E0638) when ALL of the following criteria are met:
 - The individual is unable to ambulate or stand independently because of a neuromuscular condition but has sufficient residual strength in the lower extremities (e.g., hips and legs) to allow for use of the device.
 - A standing position cannot be successfully achieved even with the use of physical therapy or other assistive devices.
 - The individual has completed appropriate standing device training and has demonstrated an ability to safely use the device.
 - Use of the device is expected to allow meaningful improvement in at least **ONE** of the following:
 - functional use of the arms or hands
 - functional head and trunk control
 - performance of activities of daily living (ADLs)
 - digestive, respiratory, circulatory or excretory function
 - skin integrity, by off-loading weight through standing (e.g., relief of pressure sores not achievable by other means)
- A non-powered mobile standing frame system (HCPCS code E0641) when criteria are met for a non-powered single-position device and the individual has the upper arm strength required to self-propel the device.
- A non-powered multipositional standing frame system (HCPCS code E0642) when criteria are met for a non-powered single-position device and the individual has a medical condition that requires frequent changes in positioning.

REPLACEMENT & DUPLICATE EQUIPMENT

In general, CIGNA considers duplicate equipment a convenience item and not medically necessary and thus not covered. CIGNA covers replacement of a medically necessary hydraulic patient lift, seat lift mechanism, multipositional transfer system, or standard non-powered standing device only when there is anatomical change or when reasonable wear and tear renders the item nonfunctioning and not repairable and there is coverage for the specific item available under the plan.

NON-COVERED ITEMS

CIGNA does not cover ANY of the following, even if the item is not specifically excluded, because each is considered one or more of the following: not primarily medical in nature, a self-help or convenience item and/or not medically necessary (this list may not be all-inclusive):

- bath lifts
- ceiling lifts
- combination sit-to stand devices

- electric, motorized, or powered lifting, standing or positioning devices
 - elevators
 - lifting, standing or positioning devices that involve fixtures to real property such as ceiling lifts
 - platform lifts
 - stair gliders
 - stairway chair/stair lifts
 - van lifts
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General Background

Many medical conditions (e.g., arthritis, muscular dystrophy, and neuromuscular diseases) can lead to limited mobility as a result of pain, joint stiffness or muscle weakness. Often, patients are not able to move from a sitting position to a standing position without the assistance of another person or a device. Technologies such as seat lift mechanisms, patient lifts and standers (e.g., standing devices, prone standers) have been employed to ease patient transfers and prevent patient and/or caregiver injuries.

U.S. Food and Drug Administration (FDA)

Patient lifts, seat lift mechanisms and standers are Class I devices and subject to the lowest level of regulatory control by the FDA. These types of devices present minimal potential harm to the user and are simple in design.

Patient Lifts

Patient lifts are assistive devices that are intended to assist a caregiver in transferring a patient safely back and forth from a bed to a chair in cases where the patient is immobilized and would otherwise be confined to bed. These devices function electrically or mechanically/hydraulically (e.g., Hoyer lift) with a sling and/or seat (HCPCS code E0630) that is placed under the patient. Indications for standard manual hydraulic patient lift devices (e.g., Hoyer Patient Lift, Invacare Reliant Hydraulic Lift, Apex 450 Hydraulic Lift) are limited to conditions in which repositioning is required to affect improvement or to prevent deterioration in the patient's condition.

Electric lift mechanisms (HCPCS codes E0635, E0636) are considered convenience items. Codes E0639 (patient lift, movable from room to room) and E0640 (patient lift, fixed system) are considered deluxe, self-help or convenience items. Code E0639 describes a device in which the lift mechanism is part of a floor-to-ceiling pole system, not permanently attached to the floor and ceiling, which is used in a room other than the bathroom. Code E0640 describes a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system and which is used in a room other than the bathroom. The lift/transport mechanisms for these devices may be mechanical or electric.

Seat Lift Mechanisms

Seat lift mechanisms are a type of assistive device used to lift the body from a sitting position to a standing position. The mechanism is also capable of lowering the patient from a standing to a sitting position. Seat lifts are generally recommended only for patients who are able to ambulate once they are standing. The lift mechanism may be either electric or hydraulic and may be either built directly into a chair (HCPCS code E0627) or used as a separate portable device (HCPCS codes E0628, E0629).

Seat lift mechanisms that are considered safe and effective are limited to those which operate smoothly, can be controlled by the patient, effectively assist the patient in standing up and sitting down without other assistance, and are limited to the seat lift mechanism, even if it is incorporated into a chair. Devices that operate by spring release mechanisms with a sudden, catapult-like motion and that jolt the patient from a seated to a standing position are not considered safe and effective.

The Centers for Medicare & Medicaid Services (CMS) recommends that Criteria for establishing medical necessity for seat lift mechanisms include the following:

- The seat lift must be included in the course of the physician's treatment.
- It must be likely to effect improvement or to arrest or retard deterioration in the patient's condition.

- The severity of the patient's condition is such that without the device the patient would be confined to a chair or bed.

Electric seat lift mechanisms and wheelchair seat lifts are considered convenience items.

Ceiling Lifts

Ceiling lifts, which are usually installed directly into the ceiling in the home, function through the use of mounted tracks to lift patients and allow transfer. Most ceiling lifts are motorized. The tracks can be located in more than one room of the home, allowing some portability. Manufacturers propose that positioning is easier with ceiling lifts than with floor-mounted lifts, and, if motorized, the ceiling lifts can be used independently by the user. Ceiling lifts, including motorized lifts, however, are considered convenience items.

Miscellaneous Lifts

Multi-positional transfer systems (e.g. Barton 250 Chair) allow positioning and adjustment so that an individual who is bed-bound can be transferred onto the device in the supine position (HCPCS codes E1035, E1036). Once positioned, the device can be adjusted to a chair-like position with varying degrees of recline and leg elevation. These devices are not electric. While some individuals may have a medical condition that precludes use of a standard device for transfers, such as a hydraulic lift, these multi-positional transfer systems are also aimed at allowing a more independent and safe transfer for patients and caregivers in the home.

Stairway chair lifts and stair gliders are devices attached to a track on a stairway to transfer from one level of the home to another on a chair or lift seat. They can be used on straight, curved or spiral stairs to aid in mobility throughout the home. Bathroom lifts used for transferring a patient onto a toilet or into a tub/shower are considered self-help and convenience items. Other commonly used lift devices, including but not limited to, van lifts (used to lift wheelchairs in and out of vans), wheelchair lifts (used to provide access to stairways or automobiles) and platform lifts, do not serve a medical purpose. Many of these types of devices are used to facilitate transportation within the home or in and out of the home and are considered convenience/self-help items.

Standing Devices

Standing devices are items used to assist with achieving a standing position and have been proposed for children and adults with neuromuscular conditions, who are unable to stand or ambulate independently (e.g., cerebral palsy, spinal cord injuries, muscular dystrophy, paraplegia, and quadriplegia). The standing frame provides alternative positioning to sitting in a wheelchair by supporting the person in the standing position. These devices are used to increase patient independence with activities of daily living, improve trunk strength, aid in digestion, improve circulation and upper body balance and strength, and to decrease abnormal muscle tone and reflexes. Standing devices may also be used as components of rehabilitation programs for individuals with spinal cord injuries and other neuromuscular conditions. Standing improves bone mineral density, bowel and bladder functioning, incidence of contractures, and improves skin integrity.

These devices can be mechanical or powered devices; some require the use of a caregiver to transfer the individual while other types allow independent transfer. In general, these devices may be categorized as passive, mobile or active. Passive devices remain in one place; these devices may have casters but cannot be self-propelled. Mobile standers (HCPCS code E0642) can be self-propelled and require the ability and degree of strength necessary to self-propel a wheelchair. Some of the mobile devices are available with powered mobility. Active standers allow users to move their arms creating a reciprocal movement of the legs while in a standing position and promote upper extremity strengthening and lower extremity range of motion. .

Standing devices may also be referred to by the type of positioning option and include supine, prone or upright (HCPCS code E0638), multipositional (HCPCS code E0641) and sit-to-stand standers (HCPCS code E0637). Supine standers support the back surface of the body and require the least amount of trunk and head control. Prone standers are devices that support the front of the body, while the user is supported in various angles. Upright standers are used primarily in the vertical position by individuals who have fair to good trunk and head control. Multipositional standing devices allow the individual to be placed in either a prone, supine or upright position. A combination sit-to-stand device is a standing device with a seat lift mechanism aimed at allowing frequent repositioning (sitting to standing, standing to sitting) without assistance. Combination devices use a sling or seat, lifting the user directly from a wheelchair or sitting position to a standing position, either mechanically (e.g., foot pump) or through the use of a motorized control.

Additional items, such as angle-adjustable footplates and anterior chest, knee, and head supports, are often required when using these devices. Some currently available standing devices have overlapping options with the goal of allowing more positioning possibilities, for example mobile and active standers may also incorporate sit-to-stand options, and some sit-to-stand devices may have added functions, such as those available with a supine stander.

Standers and standing devices are not recommended for individuals with complete paralysis of the lower extremities; lower body range of motion is not greatly improved or maintained with their use. Combination sit-to-stand devices and powered or motorized options are considered self-help or convenience items.

Summary

There are several types of devices capable of assisting patients with mobility. Technologies such as seat lift mechanisms, hydraulic patient lifts, multi-positional transfer systems, and standing devices have been employed to ease patient transfers, prevent patient and/or caregiver injuries, and to promote other health benefits. Some assistive devices, including but not limited to electric/motorized patient lifts, ceiling lifts, van lifts, wheelchair lifts, platform lifts, and bath lifts are considered self-help or convenience items.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Hydraulic Lifts

Covered when medically necessary:

HCPSC Codes	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)

ICD-9-CM Diagnosis Codes	Description
332.0	Paralysis agitans
334.1	Hereditary spastic paraplegia
335.0-335.9	Anterior horn cell disease
340	Multiple sclerosis
342.00-342.92	Hemiplegia and hemiparesis
343.0-343.9	Infantile cerebral palsy
344.00-344.09	Quadriplegia and quadriplegia
344.1	Paraplegia
358.00-358.9	Myoneural disorders
359.0	Congenital hereditary muscular dystrophy
359.1	Hereditary progressive muscular dystrophy
359.21-359.29	Myotonic muscular dystrophy disorders
436	Acute, but ill-defined, cerebrovascular disease
438.20-438.22	Late effects of cerebrovascular disease, hemiplegia/hemiparesis
714.0-714.4	Rheumatoid arthritis
715.0-715.98	Osteoarthritis and allied disorders
720.0	Ankylosing spondylitis

721.2	Thoracic spondylosis without myelopathy
721.3	Lumbosacral spondylosis without myelopathy
721.41- 721.42	Thoracic or lumbar spondylosis with myelopathy
828.0-828.1	Multiple fractures involving both lower limbs, lower with upper limb, and lower limbs with ribs and sternum
907.2	Late effects of spinal cord injury
952.10- 952.19	Spinal cord injury without evidence of spinal bone injury; dorsal (thoracic)
952.2	Spinal cord injury without evidence of spinal bone injury, lumbar
952.3	Spinal cord injury without evidence of spinal bone injury, sacral
952.8	Spinal cord injury without evidence of spinal bone injury, multiple sites of spinal cord
952.9	Spinal cord injury without evidence of spinal bone injury, unspecified site of spinal cord
	Multiple/Varied codes

Seat Lifts, Standing Devices and Transfer Systems

Benefit exclusions and limitations often apply. The items listed below are specifically excluded under many health benefit plans and are therefore generally not covered under any circumstances. If coverage is available for the specific item under the plan, the following are covered when medically necessary

HCPCS Codes	Description
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism
E0629	Separate seat lift mechanism for use with patient owned furniture - nonelectric
E0638	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
E0641 [†]	Standing frame system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels
E0642 [†]	Standing frame system, mobile (dynamic stander), any size including pediatric
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs

[†]Note: Coverage is limited to a non-powered standing frame system.

ICD-9-CM Diagnosis Codes	Description
332.0	Paralysis agitans
334.1	Hereditary spastic paraplegia
335.0-335.9	Anterior horn cell disease
340	Multiple sclerosis
342.00- 342.92	Hemiplegia and hemiparesis
343.0-343.9	Infantile cerebral palsy
344.00- 344.09	Quadriplegia and quadripareisis
344.1	Paraplegia
332.0	Paralysis agitans
358.00-358.9	Myoneural disorders
359.0	Congenital hereditary muscular dystrophy
359.1	Hereditary progressive muscular dystrophy

359.21-359.29	Myotonic muscular dystrophjy disorders
436	Acute, but ill-defined, cerebrovascular disease
438.20-438.22	Late effects of cerebrovascular disease, hemiplegia/hemiparesis
714.0-714.4	Rheumatoid arthritis
715.0-715.98	Osteoarthritis and allied disorders
720.0	Ankylosing spondylitis
721.2	Thoracic spondylosis without myelopathy
721.3	Lumbosacral spondylosis without myelopathy
721.41-721.42	Thoracic or lumbar spondylosis with myelopathy
828.0-828.1	Multiple fractures involving both lower limbs, lower with upper limb, and lower limbs with ribs and sternum
907.2	Late effects of spinal cord injury
952.10-952.19	Spinal cord injury without evidence of spinal bone injury; dorsal (thoracic)
952.2	Spinal cord injury without evidence of spinal bone injury, lumbar
952.3	Spinal cord injury without evidence of spinal bone injury, sacral
952.8	Spinal cord injury without evidence of spinal bone injury, multiple sites of spinal cord
952.9	Spinal cord injury without evidence of spinal bone injury, unspecified site of spinal cord
	Multiple/Varied codes

Generally Not Covered

Specifically Excluded/Convenience/ Not Medically Necessary/Not Covered:

HCPCS Codes	Description
E0625	Patient lift, bathroom or toilet, not otherwise classified
E0628	Separate seat lift mechanism for use with patient owned furniture, electric
E0635	Patient lift, electric, with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
E0637	Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories

ICD-9-CM Diagnosis Codes	Description
	All Codes

***Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.**

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	5/15/2008	0343	Seat Lift Mechanisms, Patient Lifts and Standing Devices

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