


<b>MEDICAL POLICY STATEMENT</b>		
Effective Date	Next Annual Review Date	Last Review / Revision Date
8/2007	7/2012	11/2011
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

## **A. SUBJECT**

Seat Lift Mechanism (Uplift Seat Assist)

## **B. BACKGROUND**

An uplift seat assist device is for patients with certain neuromuscular conditions, which due to their medical condition, are unable on their own effort to egress from a non-electric chair.

## **C. POLICY**

**For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).**

CareSource will consider medically necessary and qualify for reimbursement of a seat lift mechanism (E0629) if all of the following coverage criteria are met:

1. The seat lift mechanism (e.g., Uplift Seat Assist) must be part of the physician's course of treatment and be prescribed to affect improvement, or arrest or retard deterioration in the patient's condition. A Certificate of Medical Necessity (CMN) by the ordering physician is required.
2. The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position.
3. The patient must have severe arthritis of the hip or knee, or have a neuromuscular disease.
4. The patient must be completely incapable of standing up from a regular armchair or any chair in their home.
5. Once standing, the patient must have the ability to ambulate.
6. A recent (within three months) physical therapy (PT) assessment.
7. Coverage of seat lift mechanisms is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance.

8. Coverage is limited to the seat lift mechanism, even if it is incorporated into a chair (E0627). Payment for a seat lift mechanism incorporated into a chair (E0627) is based on the allowance for the least costly alternative (E0628, E0629).
9. Excluded from coverage is the type of lift which operates by spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position.

## **For Medicare NCD Number**

### **[National Coverage Determination \(NCD\) for Seat Lift \(280.4\)](#)**

## **D. REVIEW / REVISION HISTORY**

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Date Issued: 8/2007

Date Revised: 8/2007, 7/2009, 11/2011

Date Reviewed: 7/2009, 7/1/2011

## **E. REFERENCES**

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1. National Coverage Determination for Seat Lift
2. Medicare approved Durable Medical Equipment (DME) under HCPCS Code E0629
3. CMS Pub. 100-3, Chapter 1, Section 280.4

**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**