



Network Notification

Date: August 28, 2017
To: CareSource MyCare Ohio Health Partners
From: CareSource
Subject: Lift Chair Coverage and Prior Authorization

CareSource is dedicated to ensuring appropriate utilization of benefits for our MyCare Ohio (Medicare-Medicaid Plan) population. The payer sequence is as follows: Medicare, Medicaid, and finally Medicaid waiver. The sequence is used to identify the first funding source that meets the purpose of the service and identifies the interventions required to meet the assessed unmet needs of the MyCare member.

We utilize the following Ohio Administrative Code (OAC) and Medicare guidelines for authorizing these requests:

<http://codes.ohio.gov/oac/5160-46-04>

<https://medicare.com/coverage/does-medicare-cover-lift-chairs/>

Medicare Coverage of Lift Chairs

Medicare Part B may cover a portion of lift chairs as durable medical equipment (DME) in certain situations. There are two components to a lift chair, the lift mechanism and the chair itself. Original Medicare only covers the lift mechanism, the device that actually lifts the patient from the chair, as only this component meets the criteria for DME coverage. This applies even if the lift mechanism is built into the chair. Medicare may cover the lift mechanism portion of the lift chair if your doctor determines that it's medically necessary and may help your condition.

Therefore, a prior authorization request is required for the lift mechanism. This should be submitted to our Utilization Management team for processing. These requests can be submitted via fax to Medical Prior Authorization at **1-888-752-0012**. After the lift mechanism is approved by Utilization Management, you can work with the MyCare member's Care Manager to place the chair on the member's Service Plan, which functions as the prior authorization for the chair component.

For members that do not have Medicare coverage with CareSource, the Care Manager will work with the member and the health partner to ensure Medicare coverage for the lift mechanism has been approved through the member's Medicare or Medicare Advantage benefit.

If the lift mechanism is not approved by Utilization Management or the member's Medicare coverage, the chair request may not be approved/allowed under the member's Medicaid or Medicaid waiver benefit.

If a patient's clinical information does not meet the criteria, the case is forwarded to a CareSource Medical Director for further review and determination.

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