

MEDICAL POLICY	Seat Lift Chair Mechanism	
Effective Date: 7/1/2020  <div style="text-align: right;">7/1/2020</div>	Section: DME	Policy No: 341
Medical Officer <div style="text-align: right;">Date</div>	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	

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

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](#))¹
- National Coverage Determination (NCD) for Seat Lift ([280.4](#))²
- Local Coverage Determination (LCD): Seat Lift Mechanisms ([L33801](#))³
- Local Coverage Article (LCA): Seat Lift Mechanisms - Policy Article ([A52518](#))⁴
- Local Coverage Determination (LCD): Commodes ([L33736](#))⁵
- Local Coverage Article (LCA): Commodes - Policy Article ([A52461](#))⁶

This CMS guidance was identified as of the last policy review date on 3/19/2020.

- 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 patient 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 patient must be completely incapable of standing up from a regular armchair or any chair in their home; **and**
 - E. Once standing, the patient must have the ability to ambulate; **and**
 - F. The seat lift must operate smoothly, can be controlled by the patient, and effectively assists the patient 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 patient 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

Certificate of Medical Necessity (CMN)

A Certificate of Medical Necessity (CMN), which has been completed, signed and dated by the treating practitioner, must be kept on file by the supplier, and made available upon request. The CMN may act as a substitute for the Standard Written Order (SWO) if it contains the same information as required in a SWO. The CMN for seat lift mechanisms is CMS Form 849. In addition to the order information that the treating practitioner physician enters in Section B, the supplier can use the space in Section C for a written confirmation of other details of the order or the treating practitioner can enter the other details directly.

A new CMN is not required just because the supplier changes assignment status on the submitted claim.

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.

A toilet seat lift mechanism (E0172) is a device with a seat that can be raised with or without a forward tilt while the beneficiary 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. (For information about seat lift mechanisms that are incorporated in a commode, see the Commodes policy.)

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

HCPCS Modifiers

EY - No physician or other licensed health care provider order for this item or service

GA – Waiver of liability statement issued as required by payer policy, individual case

GY - Item or service statutorily excluded or does not meet the definition of any Medicare Benefit

GZ – Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

For commodes with seat lift mechanisms only:

For commode chairs with seat mechanism (E0170 and E0171), the KX modifier must be added to the code only if the patient meets criterion I. above for a seat lift mechanism.

A commode with seat lift mechanism is intended to allow the beneficiary to walk after standing. If the beneficiary can ambulate, he/she would rarely meet the coverage criterion. Therefore, if the beneficiary is capable of walking from the bed to the bathroom, a KX modifier must not be added to the code for the commode with seat lift mechanism.

If medical necessity criterion I. above has not been met not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter a GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or a GZ modifier if they have not obtained a valid ABN.

Claim lines billed without a GA, GY, GZ or KX modifier will be rejected as missing information.

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Additional Coding Guidelines

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
E0170	E0167, E0627, E0629
E0171	E0167, E0627, E0629

HCPCS CODES

All Lines of Business	
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	
A9270	Non-covered item or service
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.

MEDICAL POLICY CROSS-REFERENCES

- Durable Medical Equipment – DME214
- Wheelchairs and Power Vehicles – DME375

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 3/19/2020.
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 3/19/2020.
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 3/19/2020.
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 3/19/2020.
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 3/16/2020.
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 3/19/2020.