


MEDICAL POLICY	Seat Lift Mechanism (Medicare Only)
Effective Date: 6/1/2021  <div style="text-align: right;">6/1/2021</div>	Medical Policy Number: 301
	Medical Policy Committee Approved Date: 5/2021
Medical Officer	Date

See Policy CPT/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:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Durable Medical Equipment</i>	National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1) ¹
<i>Seat Lifts</i>	<ul style="list-style-type: none"> • National Coverage Determination (NCD) for Seat Lift (280.4)² • Local Coverage Determination (LCD): Seat Lift Mechanisms (L33801)³ • Local Coverage Article: Seat Lift Mechanisms - Policy Article (A52518)⁴
<i>Commodes</i>	<ul style="list-style-type: none"> • Local Coverage Determination (LCD): Commodes (L33736)⁵ • Local Coverage Article: Commodes - Policy Article (A52461)⁶

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.

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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.

CPT/HCPCS CODES

Medicare Only	
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	
E0172	Seat lift mechanism placed over or on top of toilet, any type

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. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). Effective: 5/5/2005. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190>. Accessed 3/22/2021.
2. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Seat Lift (280.4). Effective: 5/1/1989. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=221>. Accessed 3/22/2021.
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 3/22/2021.
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 3/22/2021.
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 3/22/2021.
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 3/22/2021.