

**Subject:** Seat Lift Mechanisms**Guideline #:** CG-DME-25**Status:** Reviewed**Publish Date:** 09/27/2023**Last Review Date:** 08/10/2023

## Description

This document addresses seat lift mechanisms, assistive devices used in the home to lift a person's body from a sitting position to a standing position or to lower the individual from a standing to a sitting position.

This document does not address powered seat elevation systems used for powered wheeled mobility devices (see CG-DME-31).

**Note:** Please see the following related documents for additional information:

- [CG-DME-10 Durable Medical Equipment](#)
- [CG-DME-23 Lifting Devices for Use in the Home](#)
- [CG-DME-31 Powered Wheeled Mobility Devices](#)

## Clinical Indications

### Medically Necessary:

A seat lift mechanism is considered **medically necessary** when **all** the following criteria are met:

1. The individual must have severe arthritis of the hip or knee(s) or have a severe neuromuscular disease;**and**
2. The seat lift mechanism must be a part of the prescribed course of treatment;**and**
3. The individual must be completely incapable of standing up from a regular armchair or any chair in their home;**and**
4. Once standing, the individual must have the ability to ambulate.

**Note:** Documentation that an individual has difficulty or is even incapable of getting up from a chair, particularly a low chair, is insufficient justification for a seat lift mechanism. Most individuals who are capable of ambulating can raise up out of an ordinary chair if the seat height is appropriate and the chair has arms.

### Not Medically Necessary:

1. A seat lift that operates by spring release mechanism with a sudden, catapult-like motion and jolts the individual from a seated to a standing position is considered **not medically necessary**.
2. A seat lift mechanism is considered **not medically necessary** when the criteria listed above are not met.

## Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

### When services may be Medically Necessary when criteria are met:

#### HCPCS

E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
E0172	Seat lift mechanism placed over or on top of toilet, any type
E0627	Seat lift mechanism, electric, any type
E0629	Seat lift mechanism, non-electric, any type

#### ICD-10 Diagnosis

All diagnoses

### When services are Not Medically Necessary:

For the procedure codes listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

## Discussion/General Information

Individuals with impaired mobility often require physical assistance in lifting and transferring. Numerous medical conditions (such as, arthritis, muscular dystrophy, and neuromuscular diseases) can lead to limited mobility as a result of pain, joint stiffness or muscle weakness. Individuals are often not able to move from a sitting position to a standing position without the assistance of another person or a device. Devices such as seat lift mechanisms have been employed to ease transfers and prevent injuries to the individual, caregiver, or both (CMS, 2005). The seat lift mechanism assistive devices are utilized in the individual's home or place of residence. In establishing medical necessity for the seat lift, the Centers for Medicare and Medicaid Services (CMS) states the seat lift must be included in the physician's course of treatment, that it is likely to affect improvement or arrest or retard deterioration in the individual's condition, and that the severity of the condition is such that the alternative would be chair or bed confinement (CMS, 1989).

## Definitions

**Seat Lift:** An assistive device used in the home to lift a person's body from a sitting position to a standing position or to lower the individual from a standing to a sitting position.

Seat Elevator: An assistive device that raises or lowers a seat vertically while the person remains seated.

## References

### Peer Reviewed Publications:

1. Edlich RF, Heather CL, Galumbeck MH. Revolutionary advances in adaptive seating systems for the elderly and persons with disabilities that assist sit-to-stand transfers. J Long Term Eff Med Implants. 2003; 13(1):31-39.

### Government Agency, Medical Society, and Other Authoritative Publications:

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations. Available at: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Accessed on May 12, 2023.
  - Durable Medical Equipment Reference List. NCD #280.1. Effective May 5, 2005.
  - Seat Lift. NCD #280.4. Effective May 1, 1989.

## History

Status	Date	Action
Reviewed	08/10/2023	Medical Policy & Technology Assessment Committee (MPTAC) review. Updated Description and References sections.
Reviewed	08/11/2022	MPTAC review. Updated Description and References sections; added Definitions section.
Reviewed	08/12/2021	MPTAC review. Updated Discussion and Reference sections.
Revised	08/13/2020	MPTAC review. In criterion two of the Clinical Indications section, changed the word “physician’s” to “prescribed” and removed the statement “and be prescribed to effect improvement or arrest or retard deterioration in the individual’s condition.” Updated References sections. Reformatted Coding section.
Reviewed	08/22/2019	MPTAC review. Updated Discussion/General Information and References sections.
Reviewed	09/13/2018	MPTAC review. Updated Discussion and References sections.
Reviewed	11/02/2017	MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Updated References and Coding sections.
Reviewed	11/03/2016	MPTAC review. Updated formatting in the Clinical Indications section. Updated References section. Updated Coding section with 01/01/2017 HCPCS changes including descriptor changes for E0627, E0629.
Reviewed	11/05/2015	MPTAC review. Updated References section. Removed ICD-9 codes from Coding section.
Reviewed	11/13/2014	MPTAC review. Updated Description section.
Reviewed	11/14/2013	MPTAC review. Format change to Coding section. Updated Discussion and References sections.
Reviewed	11/08/2012	MPTAC review. Updated References and removed/deleted Index.
Reviewed	11/17/2011	MPTAC review. Updated Coding and References.
Reviewed	11/18/2010	MPTAC review. Updated References.
Reviewed	11/19/2009	MPTAC review. Removed Place of Service and Discharge Plans. Updated Discussion, Coding and References.
Revised	11/20/2008	MPTAC review. Added a not medically necessary indication: A seat lift mechanism is considered not medically necessary when the criteria listed above are not met. Discussion and References updated.
Reviewed	11/29/2007	MPTAC review. References updated.
Reviewed	12/07/2006	MPTAC review. References updated.
New	12/01/2005	MPTAC initial document development.
<b>Pre-Merger Organizations</b>		
Anthem, Inc.		None
Anthem CT		DME
Anthem West (CO/NV)	10/29/2004	DME.209
WellPoint Health Networks, Inc.		None
		Seat Lift Mechanisms

Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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