MEDICAL POLICY

Medical Policy Title	**Patient Lifts**
Policy Number	**1.01.08**
Current Effective Date	**January 1, 2027**
Next Review Date	**July 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.

(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Patient lifts are considered **medically appropriate** as durable medical equipment (DME) when **ALL criteria in both A and B** are met:

   A. Periodic movement is necessary to effect improvement, or to stop, or delay deterioration in the individual's condition;

   B. **ALL** the following criteria are met:

      1. Transfer between bed and chair, wheelchair or commode requires the assistance of more than one (1) person;

      2. Without the use of the lift, the individual would be confined to bed;

      3. An adequately trained person, other than the individual, is available to help operate the lift; **and**

      4. A motorized lift (e.g., Sara lift) is appropriate for coverage only if a hydraulic lift (e.g., Hoyer lift) is inadequate to meet the special medical needs of the individual.

II. Seat lift chair mechanisms are considered **medically appropriate** as DME for:

   A. The individual who has either of the following conditions:

      1. severe arthritis of the hip or knee; **or**

      2. severe neuromuscular disease; **AND**

   B. Meets **ALL** of the following criteria:

      1. All appropriate therapeutic modalities to enable the ~~patient~~ individual to transfer from a chair to a standing position (e.g., medication, physical therapy) have been tried and failed;

      2. The ~~patient~~ individual is completely incapable of standing up from a regular armchair or any chair in his/her home; **and**

      3. Once standing the individual is able to ambulate.

III. Patient lifts/seat lift chair mechanisms containing nonstandard features (e.g., convenience or

luxury features such as combination scale and lift) where there exists a reasonably feasible and medically appropriate alternative standard care are considered **not medically necessary or ineligible for coverage** based upon the member's subscriber contract.

DME Repair

IV. Repair of a medically necessary patient lift or its components not under warranty will be considered **medically appropriate** when the following criteria are met:
   A. Physician documentation includes **ALL** of the following:
      1. Date of DME initiation;
      2. Manufacturer warranty information, if applicable;
      3. Attestation that the individual has been compliant with the use of the DME and will continue to benefit from the use of the DME;
   B. The DME is no longer functioning adequately; and **BOTH** of the following criteria are met:
      1. Inadequate function interferes with activities of daily living; **and**
      2. Repair is expected to make the equipment fully functional (as defined by manufacturer).
   C. Repair of equipment damaged due to individual neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.

DME Replacement

V. Replacement of a medically necessary patient lift or its components not under warranty will be considered **medically appropriate** when **EITHER** of the following criteria are met:
   A. The DME is no longer functioning adequately and has been determined to be non-repairable or the cost of the repair is in excess of the replacement cost; **or**
   B. There is documentation that a change in the individual's condition makes the present unit non-functional and improvement is expected with a replacement unit.

VI. The replacement of a properly functioning patient lift, its components or accessories is considered **not medically necessary**. This includes, but is not limited to, replacement desired due to advanced technology or to make the DME more aesthetically pleasing;

VII. The replacement of equipment damaged or lost due to individual neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.

VIII. Accessories or components for patient lifts that are considered not medically necessary or investigational by peer-reviewed literature will also be considered as **not medically necessary or investigational** by the Health Plan.

RELATED POLICIES

Corporate Medical Policy

POLICY GUIDELINE(S)

I. Nonstandard features that are presumptively nonmedical in nature and used primarily and customarily for a nonmedical purpose, even though the item may have some remote medically related use, will not be considered "medical equipment" and are **ineligible for coverage**.

II. The following patient lifts are **ineligible for coverage** because the devices do not meet the criteria for durable medical equipment:

   A. Bath lifts (bathroom or toilet);

   B. Ceiling lifts (patient lifts mounted on tracks attached to the ceiling);

   C. Platform lifts;

   D. Stair gliders;

   E. Stairway chair/stair lifts;

   F. Powered wheelchair lifts (provides access to stairways or car trunks);

   G. Van lifts (used to a lift wheelchair into a truck or van).

DESCRIPTION

Patient Lifts

Patient lifts or similar transfer devices are assistive devices that enable the movement and positioning of an immobilized Individual to and from a sitting and/or supine position. The Hoyer lift is a manual device that uses hydraulics. The Sara lift is motorized and portable.

Seat Lift Chair Mechanisms

A seat lift chair is a lounge chair that has a motorized seat mechanism which, when activated, lifts the body from a sitting to a standing position. The seat also can lower the body from a standing to sitting position. It is an assistive device for individuals who are able to ambulate once they are in a standing position.

Bathroom Lifts

A bathroom lift is a device with which the individual can be transferred from the toilet/tub to another seat. Some items may be placed in a tub for lifting the individual in and out of the tub but may not necessarily be attached to the toilet, ceiling, floor, or wall of the bathroom.

Ceiling Lifts

A ceiling lift (Zero Lifting) is a device that incorporates a lift or walking sling mounted on tracks that are installed into the ceiling of the home/facility and allow for transfer of an individual.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

The United States Food and Drug Administration (FDA) regulates patient lifts as medical devices. All patient lifts including related components require FDA approval before marketing and use in the United States to ensure they are safe and effective for human use. Refer to the FDA Medical Device website. Available from: https://www.fda.gov/medical-devices [accessed 2026 Jun 11]

The FDA lists the most serious type of medical device recalls as well as early alert communications about corrective actions being taken by companies that the FDA believes are likely to be the most serious type of recalls on our website by the date that the FDA posts the information on our website. Available from: Medical Device Recalls | FDA [accessed 2026 Jun 11]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
Not Applicable	

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HCPCS Codes

Code	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0625 (NMN)	Patient lift, bathroom or toilet, not otherwise classified
E0627	Seat lift mechanism, electric, any type
E0629	Seat lift mechanism, nonelectric, any type
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E0635	Patient lift, electric, with seat or sling
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels

ICD10 Codes

Code	Description
Multiple Codes	

REFERENCES

Home Medical Equipment Answer Book, 2003 Edition.

St. Anthony's Medicare Reference Manual. 2001 Mar;60-8.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

NCD - Durable Medical Equipment Reference List (280.1) [accessed 2026 Jun 11]

NCD - Seat Lift (280.4) [accessed 2026 Jun 11]

LCD - Patient Lifts (L33799) [accessed 2026 Jun 11]

LCD - Seat Lift Mechanisms (L33801) [accessed 2026 Jun 11]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY HISTORY/REVISION

Committee Approval Dates	
01/01/27	
Date	**Summary of Changes**
01/01/27	• Original effective date