

Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Seat Lift Chair (Mechanism Only)

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Criteria

For Medicare Members

| Source | Policy |
|--|--|
| CMS Coverage Manuals | None |
| National Coverage Determinations (NCD) | Seat Lift (280.4) |
| Local Coverage Determinations (LCD) | Seat Lift Mechanism (L33801) |
| Local Coverage Article | Seat Lift Mechanisms – Policy Article (A52518) |

For Non-Medicare Members

- I. A seat lift mechanism is covered if **All of the following** criteria are met:
 - A. Has DME benefit
 - B. The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
 - C. The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition.
 - D. The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)
 - E. Once standing, the patient must have the ability to ambulate.
- II. Coverage of seat lift mechanisms is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance. Excluded from coverage is the type of lift which operates by a spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position.
- III. Coverage is limited to the seat lift mechanism, even if it is incorporated into a chair (E0627). Payment for a seat lift mechanism incorporated into a chair (E0627) is based on the allowance for the least costly alternative (E0628, E0629).
- IV. The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g., medication, physical therapy) to enable the patient to transfer from a chair to a standing position have been tried and failed.

This criteria set is not applicable to seat lift mechanisms for wheelchairs. Please see the [Mobility Assistive Devices](#) criteria.

If requesting this service (or these services), please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist including details outlined in criteria above

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

The seat-lift mechanism is a device that is installed in a chair to help the patient to stand when they are unable to do so from a low chair that has arm rests to support the patient to a standing position. It should be one of those devices that operates smoothly, can be controlled by the patient, and effectively assists a patient standing up and sitting down without assistance.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

| CPT® or HCPC Codes | Description |
|--------------------|---|
| E0627 | Seat lift mechanism, electric, any type |
| E0629 | Seat lift mechanism, nonelectric, any type |
| E0172 | Seat lift mechanism placed over or on top of toilet, any type |

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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| Creation Date | Review Dates | Date Last Revised |
|---------------|---|-------------------|
| 05/01/1998 | 08/03/2010 ^{MDCRPC} , 06/07/2011 ^{MDCRPC} , 04/03/2012 ^{MDCRPC} , 02/05/2013 ^{MDCRPC} , 12/03/2013 ^{MPC} , 10/07/2014 ^{MPC} , 08/04/2015 ^{MPC} , 06/07/2016 ^{MPC} , 04/04/2017 ^{MPC} , 02/06/2018 ^{MPC} , 01/08/2019 ^{MPC} , 01/07/2020 ^{MPC} , 01/05/2021 ^{MPC} , 01/04/2022 ^{MPC} , 01/10/2023 ^{MPC} , 01/09/2024 ^{MPC} , 01/14/2025 ^{MPC} | 02/16/2022 |

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

| Revision History | Description |
|------------------|--------------------------|
| 02/16/2022 | Updated applicable codes |