



LIFT PATIENT (FULL BODY OR SIT TO STAND)

Patient Lift – Documentation Needs

The following documentation is required to be in clinic visit/therapy notes from the treating provider within 12 months of the prescription for consideration of payment.

Documentation from the medical record should indicate the diagnosis responsible for the needed equipment and support all of the following criteria:

A patient lift is covered if transfer between bed and a chair, wheelchair or commode is required and, without the use of a lift, the patient would be bed confined.

A multi-positional patient support/transfer system is covered if both of the following criteria one and two are met:

1. The basic coverage criteria for a lift are met; and
2. The patient requires supine positioning for transfers.

If coverage is provided for A multi-positional patient support/transfer system, payment will be discontinued for any other mobility assistive equipment, including but not limited to: canes, crutches, crutch substitute (knee Scooter), walkers, chairs, transfer chairs, manual wheelchairs, power-operated vehicles or power wheelchairs.

Our Locations

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