

Regence

Patient Lifts and Seat Lifts

Effective: August 1, 2026

Next Review: April 2027

Last Review: June 2026

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Patient lifts and seat lifts are mobility assistance devices. A patient lift is used to assist the caregiver(s) in transferring an individual from bed to chair and back when that individual is unable to assist with transfer. A seat or sling is placed under them, and they are hydraulically or electronically lifted. Seat lift devices are designed to assist patients to stand from a sitting position. Seat lifts can be built into chairs or can be separate for use with other furniture, and they may be either electric or non-electric.

MEDICAL POLICY CRITERIA

Notes:

- This policy only applies to certain member contracts. Please check the preauthorization website for the member contract to confirm requirements.
- Patient lifts requiring fixtures to property, including but not limited to ceiling lifts (E0640), bathroom lifts (E0625), van lifts, and stair lifts, are not considered durable medical equipment. They are considered home and motor vehicle modifications and are therefore non-covered as benefit exclusions.
- Clinical documentation to support criteria is required (See Required Documentation)

Medically Necessary

- I. A patient lift device (E0630, E0635, E0639) may be considered **medically necessary** when all of the following criteria are met:
 - A. Transfer between bed and a chair, wheelchair, or commode requires the assistance of more than one person; and
 - B. The individual would be bed-confined without the use of the lift.
- II. A multi-positional transfer system (E0636, E1035, E1036) may be considered **medically necessary** when all of the following criteria are met:
 - A. Transfer between bed and a chair, wheelchair, or commode requires the assistance of more than one person; and
 - B. The individual would be bed-confined without the use of the lift; and
 - C. Supine positioning is needed for transfers due to individual's condition.
- III. A seat lift device (E0627, E0629) may be considered **medically necessary** when all of the following criteria are met:
 - A. The device is not a spring-release seat lift; and
 - B. The individual has severe arthritis or a neuromuscular condition that prevents them from standing up from any chair in their home; and
 - C. A provider has prescribed the seat lift to treat the individual's condition; and
 - D. The individual is ambulatory when standing.

Not Medically Necessary

- IV. Patient lifts (E0630, E0635, and E0639) are considered **not medically necessary** when Criterion I. is not met.
- V. Multi-positional transfer systems (E0636, E1035, E1036) are considered **not medically necessary** when Criterion II. is not met.
- VI. Seat lift devices (E0627, E0629) are considered **not medically necessary** when Criterion III. is not met, including spring-release devices.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- Make/model and manufacturer name of equipment/device
- Physician's order, if applicable
- Medical records and chart notes pertinent to the patient or seat lift request, including history of the present condition(s), past medical history relevant to mobility needs, and information relevant to specific device needs (e.g., requirement for supine transfers).

CROSS REFERENCES

1. [Durable Medical Equipment, Prosthetic and Orthotic Replacements, Duplicates, Repairs, and Upgrades to Existing Equipment](#), Durable Medical Equipment, Policy No. 75
2. [General Medical Necessity Guidance for Durable Medical Equipment, Prosthetic, Orthotics and Supplies \(DMEPOS\)](#), Durable Medical Equipment, Policy No. 88

BACKGROUND

PATIENT LIFTS

Patient lifts

A patient lift device allows a caregiver to transfer an otherwise bed-confined individual to a chair or commode. Patient lifts include a seat or sling that is placed under the individual and a lifting mechanism that may be mechanical/hydraulic or electric. Patient lifts may be free-standing, use a floor-to-ceiling pole system that is not permanently anchored, or may have components that are permanently fixed to a ceiling or wall. Devices that are permanently anchored to a ceiling or wall are considered home modifications, which are not covered.

Multi-positional Transfer Systems

Multi-positional transfer systems are devices that allow transfer of individuals who require supine positioning during the transfer. These devices typically have a chair-like apparatus that can be adjusted for different positions, including supine positioning.

SEAT LIFTS

Seat lifts are mechanical devices that are intended to assist individuals to stand from a seated position and may also be used to assist sitting. They may have a non-electric (E0629) or electric (E0627) lift mechanism. These items are recommended for individuals who are able to walk when standing, but who have conditions that make standing from a seated position impossible without assistance.

Spring-release seat lifts use a sudden, catapult-like mechanism to jolt the patient to a standing position and lack the safety of devices that can be smoothly operated by the patient.^[1]

Some recliner chairs have integrated seat lifts. As furniture, these chairs do not meet the definition of durable medical equipment.

SUMMARY

Medically Necessary

Patient lifts can improve health outcomes by allowing transfer of otherwise bed-confined individuals by a caregiver, when more than one person would be required to perform the transfer. Therefore, patient lifts may be considered medically necessary when policy criteria are met.

Multi-position transfer systems are specialized lifts that can improve health outcomes for otherwise bed-confined individuals who require supine positioning during transfer. Therefore, these transfer systems may be considered medically necessary when policy criteria are met.

Seat lifts can improve health outcomes for individuals with certain conditions that prevent them from standing up from any chair in their home, but they are able to ambulate when standing. Therefore, seat lifts may be considered medically necessary when policy criteria are met.

Not Medically Necessary

For individuals who are not otherwise bed-confined and individuals who can be transferred from bed to a chair or commode with the assistance of a single caregiver, patient lifts are not needed for the transfer. Therefore, these devices are considered not medically necessary when policy criteria are not met.

For individuals who do not require a both a lift system and supine positioning during transfer, the functions of a multi-position transfer system are not needed for patient transfer. Therefore, these devices are considered not medically necessary when policy criteria are not met.

Seat lifts are not considered medically necessary policy criteria are not met, including but not limited to individuals who can stand without assistance, individuals who are not ambulatory when standing, and the use of spring-release devices.

REFERENCES

1. National Coverage Determination 280.1, Seat Lifts. The Centers for Medicare & Medicaid Services. 1998. [cited 6/10/2026]. 'Available from:' <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=221>.

CODES

Codes	Number	Description
CPT	None	
HCPCS	E0625	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
	E0636	Multipositional patient support system, with integrated lift, patient accessible controls
	E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
	E0640	Patient lift, fixed system, includes all components/accessories
	E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs

Codes	Number	Description
	E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs

Date of Origin: April 2025