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Lifts, Elevators, and Standing Frames/Systems

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Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For Illinois only: Illinois Public Act 103-0458 [Insurance Code 215 ILCS 5/356z.61] (HB3809 Impaired Children) states all group or individual fully insured PPO, HMO, POS plans amended, delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment.

Coverage

Lift System, Lifter, Sling, or Hoist

A manually operated, non-electrical or non-battery, lift system, lifter, sling, or hoist, utilizing mobile mechanical-hydraulic/pneumatic cylinder types with rolling base legs and a swivel hanging bar, when used for an individual whose clinical functional status is documented at 40% or below on the Karnofsky Performance Scale Index OR at an equivalent level, utilizing an

alternative functional status measurement, **is considered medically necessary when ALL the following criteria are met:**

- Near or total bed confinement without the use of a lift; AND
- Unable to do most activities of daily living; AND
- Incapable of transferring independently from one surface to another, such as a chair to bed transfer, without near or total assistance of more than one person; AND
- A diagnosis of an extensive disease condition, in which periodic movement is necessary to improve the individual's medical condition or to arrest or retard deterioration of their condition; AND
- A prescription from the treating physician.

NOTE 1: Examples of conditions that may have a clinical function status of 40% or below include (as defined in the Karnofsky Performance Scale in the description below), but are not limited to:

- Amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease); OR
- Bilateral or double amputee associated with other debilitating conditions, such as cerebrovascular accident, heart condition, senility; OR
- Cerebrovascular accident with:
 1. Hemiplegia and extreme weakness on non-paralyzed side, or
 2. Hemiplegia and obesity, or
 3. Hemiplegia and severe advanced rheumatoid arthritis; OR
- Chronic obstructive pulmonary disease (COPD), severe; OR
- Diffuse sclerosis (Schilder's); OR
- Emphysema, severe; OR
- Friedreich's ataxia; OR
- Hemiplegia with severe contractures of legs; OR
- Lateral sclerosis; OR
- Leukodystrophy; OR
- Multiple sclerosis (MS); OR
- Myelitis; OR
- Paraplegia; OR
- Primary lateral sclerosis; OR
- Progressive bulbar paralysis; OR
- Progressive degeneration (or necrosis) of spinal cord; OR
- Progressive spinal muscular atrophy; OR
- Quadriplegia; OR
- Subacute combined sclerosis or degeneration; OR
- Syringomyelia; OR
- Transitional (diffuse disseminated) sclerosis.

Manually operated multi-positional transfer systems **are considered medically necessary when ALL the following are met:**

- The lift system, lifter, sling, or hoist criteria have been met; AND
- Patients require supine positioning for transfers.

NOTE 2: When coverage is provided for a multi-positional transfer system with integrated seat, other mobility assistive equipment will no longer be considered medically necessary (i.e., including but not limited to: canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs).

Toilet Seat/Chair Lifts

Powered permanently mounted toilet seat lifts and/or seat/chair lifts which are factory installed or permanently built into a furniture piece that assists the individual to both standing and seated positions **are considered medically necessary** when ALL the following criteria are met:

- A severe, diagnosed condition that completely prevents standing to an upright position independently and prevents accessing the commode or toilet without the device. These conditions include, but are not limited to, hip/knee arthritis and neuromuscular diseases; **AND**
- The ability to ambulate (walk), once standing; **AND**
- A prescription from the treating physician.

NOTE 3: When considered medically necessary, coverage for a powered permanently mounted toilet seat lift and/or seat/chair lift is limited to the actual mechanism or motor that lifts the seat or chair, even if it is incorporated into a standard or certain type of chair. The chair itself is not a covered benefit, whether or not it is an existing or newly purchased furniture piece (including re-upholstering costs).

Standing Frames/Systems

Manually operated standing frames or standing systems, which are with or without metal, plexiglass, wooden or tables, and with attached wheels/casters, stationary frame, safety gate, glide handles, and/or seat kits/wheelchair that assist the individual to a fully upright or vertical position from a prone or supine position **are considered medically necessary** when ALL the following criteria are met:

- The residual strength in lower extremities with the potential for ambulating, but unable to stand or ambulate independently, with or without the assistance of devices or physical therapy, due to a neuromuscular condition. These conditions include, but are not limited to, the following:
 1. Spinal cord injury; or
 2. Traumatic brain injury; or
 3. Cerebral palsy; or
 4. Muscular dystrophy; or
 5. Multiple sclerosis; or
 6. Spina bifida; **AND**
- Once standing, the individual is expected to show progressive improvement, as a result of increased weight bearing, in one of the following functions:
 1. Use of arms or hands; or
 2. Control of head, neck and trunk; or

3. Activities of daily living performance; or
4. Digestive, respiratory, circulatory, and/or excretory system performance; or
5. Reduction of skin breakdown or pressure sores; **AND**

- A prescription from the treating physician.

Other

Care equipment items **are not medically necessary** and therefore not eligible for coverage because they are considered convenience items or features. These items include, but are not limited to:

- Battery/electric powered lift, lifter, sling, or hoist of any type; OR
- Electrically powered/manually operated ceiling track glide lift or transfer systems of any type, added to home ceiling and/or doorway framework to transfer an individual from room to room; OR
- Sudden catapult-like/spring release motion seat or chair lifts built into or added to a chair; OR
- Electrically powered/manually operated portable motor seat lift mechanisms that are used on a toilet seat, chair, or an automobile car seat as a portable or transferable unit; OR
- Battery/electrically powered standing frames or standing systems; OR
- Motorized or manually operated stairwell lifts of any type; OR
- Hydraulic/motorized elevators or platform lifts of any type that are opened or enclosed; OR
- Water pressure-controlled bathtub lifts of any type.

Policy Guidelines

If the projected cost of renting lifts or related equipment for temporary conditions exceeds the cost of purchasing the equipment, reimbursement should never exceed the purchase price.

If the cost of repair exceeds the cost of purchasing a new item or renting the item for the remaining period of medical need, the most cost-effective alternative should be chosen.

A standing frame or standing system billed with an open code should be analogued to an appropriate specific code and reimbursed at an equivalent level to the specific code, when the service is considered medically necessary.

Description

When determining whether an individual requires specialized assist devices, such as a lift, their functional status should be assessed. The Karnofsky Performance Scale (KPS) measures non-disease-specific clinical applications based on a 100-point scale that was originally developed in 1948. The KPS classifies patients based on their level of functional impairment. Overall scores are used to compare effectiveness of different therapies and to assess the prognosis in individual patients. The scale was not 'widely recognized' until the 1980's when treatment therapies started focusing on palliative rather than curative intentions. (1)

Karnofsky Performance Status Scale Definitions Rating (%) Criteria		
Condition	%	Level of Functional Capacity
Able to carry on normal activity and to work; no special care needed.	100	Normal, no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amounts of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance but is able to care for most of personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead.

Alternative scoring tools may be utilized by treating physicians, such as the Palliative Performance Scale (PPS). The PPS is a reliable and valid tool and correlates well with actual survival and median survival time for cancer patients in outpatient and ambulatory settings. The scale has been found useful for purposes of identifying and tracking potential care needs of palliative care patients, particularly as these needs change with disease progression. (2)

In contrast, disease-specific functional assessment tools are also available. The New York Heart Association (NYHA) classification has served as a fundamental tool for risk stratification on heart failure (HF) and determines clinical trial eligibility and candidacy for drugs and devices. However, its ability to adequately stratify risk is unclear. (3)

The Expanded Disability Status Scale (EDSS) is another disease-specific functional assessment tool. This scale is a method of quantifying disability in multiple sclerosis (MS) and monitoring

changes in the level of disability over time. Since MS is a progressive condition, the EDSS is likely to increase over time, though most people will not experience the scale's highest levels of disability. It is widely used in clinical trials and in the assessment of people with MS. (4)

Lift System, Lifter, Sling, or Hoist

While there are many different types of lifts, the basic premise is the same across the board- a comfortable sling is laid down under the individual that needs help moving and is attached securely to an arm that extends in various ways to get that person where they need to be. The hydraulic arm lifts the individual into the air and in the desired direction. Lifts move in many ways; some rotate, others are set up on a track system. In this way, an individual with limited mobility can safely get around and caregivers are also spared the extra strain of moving an individual manually. The sling can be made of canvas, nylon, mesh sling etc. and is detachable from the mobile frame. (11)

Multi-positional transfer systems (e.g., Barton 250 Chair) allow positioning and adjustment so that an individual who is bed-bound can be transferred onto the device in the supine position. Once positioned, the device can be adjusted to a chair-like position with varying degrees of recline and leg elevation. These devices are not electric. It has small, castor wheels that are not accessible by the member for mobility. These systems are aimed at allowing a more independent and safe transfer for an individual in the home. (10)

Toilet Lifts

A lift for a toilet is a device in which the individual can be transferred from the toilet to another seat (e.g., wheelchair). It is used when the individual is non-ambulatory. Devices may be attached to the toilet, ceiling, floor, or wall of the bathroom or may be freestanding. (5)

Seat/Chair Lifts

Seat/chair lifts are motorized, providing a smooth easy lift motion. They can also be controlled by the individual. They effectively assist the individual in standing up and sitting down without other assistance. Spring release mechanism's that have a sudden, catapult-like motion that jolts the individual from a seated to a standing position are also considered seat lifts, but they do not assist the individual back to the seated position. (6)

Standing Frames/Systems

A standing frame/system is an assistive device which allows the individual to achieve a standing position from a sitting position without assistance. These frames enable individuals with restricted mobility, balance, or lower limb or trunk control, the opportunity to spend time in supported standing. A standing frame provides an alternative position to sitting in a wheelchair by supporting the individual in the standing position. Proposed benefits of standing include strengthening antigravity muscles, providing prolonged weight-bearing muscle stretch, enhancing respiratory function, and maintaining bone density. Most frames have accessories for positioning and functional use (e.g., padding, retractable wheels/casters, retractable stationary frame, safety gates, glide handles) for upper body strengthening or tables to encourage use of both hands for work and play. (7)

Stairway lifts or elevators

These motorized seats are attached to a track built onto an existing stairwell or into a stairwell under construction. They can be used on straight, curved, or spiral stairs to aid in mobility throughout the home. The stair lift generally operates on electricity but can have a battery back-up in case of power outages. (8)

Elevator or Platform Lifts

These lifts are motorized or hydraulic drive systems within lift towers built into an existing home or as part of a new home construction. The cab may be large enough to accommodate a wheelchair or several individuals standing. During power outages, the elevator should be manually controlled to lower the individual to the bottom floor. Platform lifts can be indoors or outdoors. These lifts are also known as vertical platform lifts, inclined platform lifts or porch lifts. (9)

Rationale

Although there is limited published scientific data from randomized controlled case studies, the literature describes the effectiveness of standing frames or standing systems as a method to improve bone mineral density (BMD) in severely disabled children with cerebral palsy (CP) or other neuromuscular conditions.

In addition to improvement of bone density, it is reported that individuals utilizing a standing program with use of standing frames or standing systems have improved digestion, improved muscle activity, reduced lower leg atrophy and improved bone strength, decreased muscle contractures, decreased risk of fractures, improved bladder drainage and kidney function, improved circulatory and cardiovascular function, decreased risk of obesity, reduction of pain and spasticity, and fewer pressure sores and improved skin integrity. (12)

In 2015, Paleg and Lingstone reviewed the effectiveness of home-based standing programs for adults with neurological conditions including stroke and spinal cord injury; and to provide dosage guidelines to address body structure and function, activity and participation outcomes. The study found that the use of a standing device should occur for 30 minutes 5 times a week for positive impact on most outcomes such as self-care and standing balance, range of motion, cardio-respiratory, strength, spasticity, pain, skin and bladder and bowel function, while 60 minutes 4-6 times a week may be required for positive impact on bone mineral density and mental function. (13)

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	None
HCPCS Codes	E0170, E0171, E0172, E0621, E0625, E0627, E0629, E0630, E0635, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E1035, E1036, E2230, E2231, E2295

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

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Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <<https://www.cms.hhs.gov>>.

Policy History/Revision	
Date	Description of Change
02/15/2025	Document updated with literature review. Coverage unchanged. References updated.
03/15/2024	Reviewed. No changes.
03/15/2023	Document updated with literature review. Minor changes made to coverage without change to intent; patients changed to individuals. References updated.
07/01/2022	Reviewed. No changes.
06/15/2021	Document updated with literature review. Coverage reorganized for clarity. Title changed from "Lifts and Elevator Systems". References 1-6 and 8-13 added; several removed.
06/15/2020	Document updated with literature review. Coverage unchanged. The following references were added: 6, 9, 10 and 23; other references updated or removed.
04/01/2018	Reviewed. No changes.
03/01/2017	Document updated with literature review. Coverage unchanged. The following was added to NOTE 3, "including reupholstering costs."
02/15/2016	Reviewed. No changes.
02/15/2015	Document updated with literature review. The following coverage statement was added: Manually operated multi-positional patient transfer systems are considered medically necessary when the patient demonstrates that all the following criteria are met and documented: (1) The patient lift, lifter, sling, or hoist criteria has been met; AND (2) The patient requires supine positioning for transfers. CPT/HCPCS code(s) updated.
11/01/2011	Document updated with literature review. The following was added: Battery or electrical powered patient lift, lifter, sling or hoist are considered not medically necessary and therefore not eligible for coverage because they are considered convenience items or features.

02/15/2010	Revised and updated entire document. No change in coverage position. This policy is no longer scheduled for routine literature review and update.
07/01/2007	Revised/updated entire document
02/15/2006	Coverage revised
09/01/2005	Revised/updated entire document, combined into one medical document from originating policies entitled "Seat or Chair Lifts, Patient Lifts, and Toilet Seat Lifts".
04/01/2003	Coverage revised
02/01/2002	Coverage revised
06/01/2001	Coverage revised
09/01/1999	Revised/updated entire document
06/01/1998	Coverage revised
05/01/1996	Medical policy number changed
12/01/1990	New medical document