



Power Seat Lift Chairs

Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Power Seat Lift Chair		
MNG #: 102	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI) <input checked="" type="checkbox"/> CCA Medicare Excel (HMO POS) (MI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (MI) <input checked="" type="checkbox"/> CCA Medicare Excel (HMO) (CA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input checked="" type="checkbox"/> Medicare (seat lift mechanism only) <input checked="" type="checkbox"/> Medicaid	Approval Date: 03/03/2022	Effective Date: 8/23/22
Last Revised Date: 9/1/2022; 1/18/2023; 4/11/24	Next Annual Review Date: 3/3/2023; 9/1/2023; 1/18/2024; 4/11/25	Retire Date:

OVERVIEW:

A seat lift mechanism is primarily designed and used to lift an individual’s body from a sitting position to a standing position while providing stability and control. Seat lift mechanisms can be incorporated into a chair as a complete unit and may also allow the individual to recline in the chair. Chairs with recliner option allow elevation of lower extremities to support treatment of poorly controlled lower extremity edema. Optional dual motors may allow an individual to operate the footrest and backrest separately and can provide additional power as needed dependent upon size of the individual. Coverage of seat lift mechanism or chair and seat lift mechanism as a complete unit varies by type of plan.

DEFINITIONS:

Ambulate: To be able to walk from place to place (with or without an assistive device).



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Chronic Venous insufficiency: Chronic venous insufficiency occurs when the leg veins do not allow blood to flow back up to the heart. Normally, the valves in the veins make sure that blood flows toward the heart. When these valves do not work well, blood can also flow backwards. This can cause blood to collect (pool) in the legs.

Chronic venous disease: Chronic venous disease (CVD) refers to a wide range of venous disorders characterized by severely impaired blood return in the lower extremities.

MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum, Medicare Excel MI, MI Medicare Maximum, Medicare Excel CA

DECISION GUIDELINES: MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum, Medicare Excel MI, MI Medicare Maximum, Medicare Excel CA

Clinical Coverage Criteria:

The Plan follows applicable Medicare National Coverage Determination (NCD) 280.4, Local Coverage Determinations (LCD) L33801 Seat Lift Mechanisms and related Seat Lift Mechanisms-Policy Article A52518. InterQual® Smart Sheets are used to review prior authorization requests for the seat lift mechanism component (E0627). Refer to LCD and related Policy Article for Coverage Indications, Limitations, and Documentation requirements.

Senior Care Options and One Care

DECISION GUIDELINES: Senior Care Options and One Care

Clinical Coverage Criteria:

The Plan may cover a seat lift mechanism and chair as a complete unit for SCO and One Care member when one of the following criteria are met:

1. Member is unable to transition from a seated position to a standing position safely, with or without an assistive device and/or hands-on caregiver assistance, due to irreversible physical conditions, including but not limited to:
 - Severe arthritis of the hip or knee with limited joint range of motion that affects transfers
 - Progressive neuromuscular disease
 - Irreversible mobility impairment
 - Lower extremity weakness
 - Balance impairment; and
- a. A physical or occupational therapist in-home or virtual video assessment to determine functional mobility has been completed and documentation supports all of the following criteria:



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- i. Member is unable to safely and independently transition sit to stand from an armchair of appropriate height or any chair inside their home; and
- ii. Appropriate therapeutic modalities have been tried and have failed to enable member to safely transfer from sit to stand position. These include but are not limited to:
 - Physical Therapy and/or Occupational Therapy
 - Therapeutic exercise
 - Medication
 - Use of durable medical equipment (e.g. walker, cane standing handle assist); and
- iii. Once standing, member is able to ambulate safely and independently, with or without an assistive device; and
- iv. Member is able to use the hand control functions of the seat lift chair independently and safely and demonstrate safe and independent transition from sit to stand; and
- v. Requested chair meets recommended weight or height guidelines of manufacturer and documentation supports need for additional motor, heavy duty motor and/or extra heavy-duty lift mechanism; **OR**

2. Member has chronic venous insufficiency or chronic venous disease, and all of the following criteria are met:

- a. Lower extremity elevation to at least heart level for 30 minutes three to four times per day is not otherwise possible without the use of a power seat lift/recliner chair; and
- b. Member has tried and failed or has a contraindication to compression therapy; and
- c. Letter of Medical Necessity from the member's treating/ordering provider (physician, nurse practitioner, or physician's assistant) documents all of the following:
 - i. Diagnosis of chronic venous insufficiency or chronic venous disease; and
 - ii. Factors that make leg elevation otherwise not possible; and
 - iii. Reason for failure or contraindication to compression therapy.

LIMITATIONS/EXCLUSIONS:

The Plan does not consider a power seat lift chair to be medically necessary and does not cover a power seat lift chair when:

- The member has equipment that
 - serves the same purpose as requested power seat lift chair; and
 - is already in use by the member; and
 - can meet member's needs; and
 - is in good working order.



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- The member’s needs could be met with a less costly alternative (e.g. chair/furniture riser).
- The equipment cannot reasonably be expected to make a meaningful contribution to the treatment of member’s illness or injury.
- The member’s living environment will not accommodate the size of the chair, including space necessary to fully recline the power seat lift/recliner chair.
- Optional features considered not medically necessary, including but not limited to heat, massage, powered lumbar support and headrests, fabric/material upgrades are not covered.
- Dual motor power seat lift chairs for convenience purposes only.

Authorization:

The Plan requires all of the following to be included with a request for a power seat lift chair:

- [CCA Standard Prior Authorization Form](#) ; and
- Standard Written Order (SWO); and
- Physical or Occupational Therapist assessment or requesting provider letter of medical necessity (LMN)
- Manufacturers and provider’s quote.

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
E0627	Seat lift mechanism electric
E1399	Durable medical equipment, miscellaneous

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's



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health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

RELATED REFERENCES:

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD) L33801 Seat Lift Devices. Accessed February 23, 2024. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33801&ver=26>
- Centers for Medicare & Medicaid Services. Seat Lift Mechanisms-Policy Article A52518. Accessed February 23, 2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52518&ver=36>
- Center for Medicare & Medicaid Services. National Coverage Determination (NCD) 280.4 Seat Lift. Accessed February 23, 2024. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=221>
- Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment: Subchapter 6; Service Codes last accessed February 23, 2024. <https://www.mass.gov/doc/durable-medical-equipment-dme-subchapter-6-2/download>
- Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment, 130 CMR 409.420 Accessed February 23, 2024. <https://www.mass.gov/doc/durable-medical-equipment-regulations/download>

REVISION LOG:

REVISION DATE	DESCRIPTION
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3/14/24	Template update. Added separate sections for Medicare related products and SCO/One Care products. Definitions and HCPCs codes added. Medicare products: Local Coverage Determinations (LCD) L33801 Seat Lift Mechanisms and related Seat Lift Mechanisms-Policy Article A52518 applies to the seat lift mechanism component (E0627). SCO and One Care: Internal coverage criteria applies to seat lift mechanism and chair as one complete unit. Clinical coverage criteria updated: Added Unable to independently transition sit to stand and must be able to ambulate safely and independently once standing
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APPROVALS:

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4/11/24

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