

# Patient Lifts (for Kentucky Only)

**Policy Number:** CS185KY.07  
**Effective Date:** May 1, 2024

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Related Policy
<ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kentucky Only)</a></li> </ul>

## Application

This Medical Policy only applies to the state of Kentucky.

## Coverage Rationale

**Patient lifts are proven and medically necessary in certain circumstances.** For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Patient Lift System.

Click [here](#) to view the InterQual® criteria.

## Coverage Limitations and Exclusions

Refer to the [Kentucky Administrative Regulations 907 KAR 1:479, Durable Medical Equipment Covered Benefits and Reimbursement](#) for coverage limitations and exclusions.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

HCPCS Code	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)

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

## References

Kentucky Administrative Regulations. Cabinet for Health and Family Services - Department for Medicaid Services. 907 KAR 1:479. Durable medical equipment covered benefits and reimbursement. Available at: <https://apps.legislature.ky.gov/law/kar/907/001/479.pdf>. Accessed February 19, 2024.

## Policy History/Revision Information

Date	Summary of Changes
05/01/2024	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> <li>Archived previous policy version CS185KY.06</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, or Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.