

Patient Lifts

DME.HC.112.A**v1.0.2025**

Introduction

Patient lifts are addressed by this guideline.

Criteria

Hydraulic or Electric Patient Lifts

A hydraulic or electric patient lift with seat or sling (HCPCS E0630 or E0635) is medically necessary when **all** of the following apply:

- It is necessary to move from a bed to a chair, walker, or toilet.
- Two or more individuals are needed to help with transfers.
- Without the lift, the individual would be unable to move from the bed.

Moveable Patient Lifts

A moveable patient lift (HCPCS E0639) is medically necessary when **all** of the following apply:

- It is necessary to move from a bed to a chair, walker, or toilet.
- Two or more individuals are needed to help with transfers.
- Without the lift, the individual would be unable to move from the bed.
- The lift will be used in a room other than the bathroom.
- The lift that is needed is a floor-pole device that is not fixed to the ceiling or wall.

Fixed Patient Lifts

A fixed patient lift (HCPCS E0640) is medically necessary when **all** of the following apply:

- It is necessary to move from a bed to a chair, walker, or toilet.
- Two or more individuals are needed to help with transfers.
- Without the lift, the individual would be unable to move from the bed.
- The lift will be used in a room other than the bathroom.
- The lift that is needed is permanently fixed to the ceiling or wall.

Multi-Positional Systems

A multi-positional patient support system (patient accessible controls) (HCPCS E0636) is medically necessary when **all** of the following apply:

- It is necessary to move from a bed to a chair, walker, or toilet.
- Two or more individuals are needed to help with transfers.
- Without the lift, the individual would be unable to move from the bed.
- The individual needs to be sitting or laying down to transfer.
- The individual is able to control the device independently.

A multi-positional patient transfer system with integrated seat (operated by a caregiver) (HCPCS E1035) is medically necessary when **all** of the following apply:

- It is necessary to move from a bed to a chair, walker, or toilet.
- Two or more individuals are needed to help with transfers.
- Without the lift, the individual would be unable to move from the bed.
- The individual needs to be laying down to transfer.
- A caregiver is available to operate the lift.
- The individual weighs 300 pounds or less.

An extra-wide multi-positional patient transfer system with integrated seat (operated by a caregiver) (HCPCS E1036) is medically necessary when **all** of the following apply:

- It is necessary to move from a bed to a chair, walker, or toilet.
- Two or more individuals are needed to help with transfers.
- Without the lift, the individual would be unable to move from the bed.
- The individual needs to be laying down to transfer.
- A caregiver is available to operate the lift.
- The individual weighs over 300 pounds or has need for a heavy duty lift due to their medical condition.

Not Covered

The following lifts are non-covered and considered convenience items or home modifications:

- Bathroom or toilet patient lifts (HCPCS E0625)
- Stair lifts/stairway chairs
- Van lifts
- Bed Lifts (Bed Elevators)

Additional Information

- Multi-positional patient transfer systems (HCPCS E0636) are operated by patient accessible controls.
- Multi-positional patient transfer systems (HCPCS E0135 and E1036) are operated by a caregiver. Concurrent payment for mobility assistive equipment (e.g., walkers, wheelchairs, transfer chairs) does not typically occur with this equipment.
- A sling or seat (HCPCS E0621) is included in the allowance for the main piece of equipment when ordered at the same time. However, it may be covered as an accessory when ordered as a replacement for a patient lift.
- A moveable patient lift (HCPCS E0639) is a device in which the lift mechanism is part of a floor-to-ceiling pole system that is not permanently attached to the floor and ceiling, and which is used in a room other than the bathroom. No separate payment is made for installation. All costs associated with installation are included in the payment for the device.
- A fixed patient lift (HCPCS E0640) is a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system, and which is used in a room other than the bathroom. No separate payment is made for installation. All costs associated with installation are included in the payment for the device.

Definitions

A **patient lift system** is a manual or powered device that is able to lift and/or transfer an individual in a controlled manner. The manual patient lift systems have a hydraulic lever to minimize the strength required to raise the individual. Lifts can be floor, wall, or ceiling mounted, and offer various options in terms of seating, weight limitations, and functional capacity.

An **electric or hydraulic lift** is a type of rolling lift that allows an individual to be transferred while in a suspended sling or seat.

A **bathroom/toilet patient lift** (HCPCS E0625) is a device with which an individual can be transferred from the toilet/tub to another seat (e.g., wheelchair). The bathroom or toilet patient lift may be used for an individual who is unable to ambulate. Devices included in this code may be attached to the toilet, ceiling, floor, or wall of the bathroom or may be freestanding.

A **moveable patient lift** (HCPCS code E0639) is a device in which the lift mechanism is part of a floor-to-ceiling pole system that is not permanently attached to the floor or ceiling, and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric.

A **fixed patient lift** (HCPCS code E0640) is a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system, and which is used in

a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric.

A multi-positional patient support system with integrated lift and patient-accessible controls (HCPCS E0636) is a device that can be used to transfer a bed-bound individual in either a sitting or supine position. It has electric controls for the lift function.

Evidence Discussion

Purpose of technology/description of device

The most common type of patient lift is a hydraulic lift, which has an extended wheel base that fits beneath a bed. It has a lifting arm attached to a mast, a hanger bar, a hand control, and a sling. The sling is attached to a frame with casters that can be pushed to the desired destination. The individual is raised and lowered by a hydraulic pump.

With an electric lift, the individual is raised and lowered by an electric motor rather than the manual pump found in the hydraulic lift system. The boom is attached to a spreader bar, and the base counterbalances the weight of the individual.

Other types of patient lifts include ceiling-mounted or track-mounted lifts, multi-positional patient support systems with integrated seats that allow for supine transfer.

Assessment of the individual, the caregiver, and the home environment should be taken into consideration when evaluating the need for a mechanical lift. If an individual can bear weight, a mechanical lift is not needed. The individual or a caregiver must be physically and cognitively able to use the mechanical lift. The physical size and weight of the individual influences the effort needed for proper positioning in the lift. Sufficient space is needed to maneuver the mechanical lift around furniture and between rooms.

Medical background

The United States Food and Drug Administration (FDA) considers manual patient lifts to be Class I devices (FDA, 2024). As such, they are considered to be of low to moderate risk, and manufacturers are not required to complete premarket notifications prior to marketing the devices. The United States Food and Drug Administration (FDA) considers powered patient lifts to be Class II devices (FDA, 2024). As such, they are considered to be of moderate to high risk, and they are required to complete the 510(k) clearance process. The 510(k) clearance process requires manufacturers to notify the FDA of the safety and effectiveness of a device prior to marketing it.

Literature review

- A 2024 randomized controlled trial (Suzuki et al.) examined whether a mobile patient lift facilitates early mobilization and enhances physical function in ventilated

intensive care unit (ICU) patients. The study included 80 patients aged 18 years and older who were admitted to ICU with expected ventilation for at least 48 hours. The primary endpoint was the number of days from meeting the criteria for rehabilitation initiation to achieving ICU Mobility Scale (IMS) greater than or equal to four. The authors noted that the IMS was used as the measure of mobilization in this study because the standing section of the IMS specifically included the use of mobile patient lifts. Secondary endpoints included mobilization preparation and cleanup time, mobilization time, Sequential Organ Failure Assessment (SOFA) score at the first achievement of IMS greater than or equal to four, Functional Status Score for the ICU (FSS-ICU), Medical Research Council (MRC) score at the start of mobilization, IMS/FSS-ICU/MRC at ICU discharge, Barthel Index/MRC at hospital discharge, presence and duration of delirium (assessed by the Confusion Assessment Method for the ICU (CAM-ICU)), and duration of ICU stay. The intervention group stood faster than the control group and had significantly higher FSS-ICU scores at ICU discharge. However, the MRC score and Barthel Index at discharge, length of ICU stay, and number of ventilator-free days did not differ between the two groups. In summary, the authors concluded that the use of mobile patient lifts facilitated the earlier standing of patients on ventilators, which may have contributed to improved physical function in the ICU.

- Richarz et al. (2023) conducted a systematic review and meta-analysis to evaluate the impact of mechanical devices used for patient lifting and transferring on risk of low back pain (LBP) and musculoskeletal injuries (MSI) in health care personnel. The review focused specifically on lifting and transferring tasks. The authors included articles that described the use of mobile and fixed patient or resident handling equipment, e.g., patient ceiling- or floor lifts. Eight studies with a total of 2,087 participants were included in the meta-analysis. The study assessed MSI rate, perceived LBP, and peak compressive spinal load. In addition, the study calculated prediction intervals and calculated a cost-benefit analysis. The investigators reported prediction intervals that confirmed strong true effect sizes for MSI rate and perceived LBP, but not for peak compressive spinal load. Moreover, the investigators opined that mechanical lifting and transferring devices should be used in the clinical setting due to a favorable cost-benefit ratio.
- A 2023 systematic review conducted by Halim and colleagues evaluated the efficacy of patient transfer assistive devices in reducing the risk of work-related musculoskeletal disorders (WMSDs) among nurses. The review included 25 studies that assessed patient transfer assistive devices on the incidence and injury claims of WMSDs as compared to the manual lifting of patients. The percentage of the reduction of forces, incidence of WMSDs, number of missed workdays, and injury compensation claims were calculated and interpreted. The authors reported intervention outcomes including a reduction in WMSD incidence by 59.8%, missed workdays by 90.0%, and workers' compensation claims by 95.0%. Additionally, hand force declined by 71% ($p < 0.05$) and 70% ($p < 0.05$) with the use of air-assisted

devices and ceiling lifts respectively. Thus, the authors concluded that the evidence suggested that patient transfer assistive devices, notably ceiling lifts and air-assisted devices, are effective in reducing the risk of WMSDs among nurses.

- In 2020, a cross-sectional, multicenter trial reported by Vinstrup and colleagues compared the level of physical load during patient transfer with commonly used assistive devices. Fifty-two healthcare workers were recruited for the study. Measurements of muscle activity and forward and lateral trunk inclination angle during a full workday were recorded. Compared to no assistive device, the ceiling-lifts led to lower erector spinae activation across all types of patient transfers. The authors concluded that the use of the ceiling-lift was associated with relatively low physical load during patient transfer, and thus, may decrease the risk of musculoskeletal disorders among healthcare workers.

Professional organizations/societies:

- The 2014 Consortium for Spinal Cord Medicine Clinical practice guideline for Pressure Ulcer Prevention and Treatment Following Spinal Cord Injury stated that the use of lifting devices to assist in moving individuals who cannot assist during transfers can reduce friction or shearing forces exerted on the skin. The authors noted that individuals should always be lifted as opposed to dragged across a surface in order to minimize skin breakdown during transfers from one surface to another.
- The 2008 American Nurses Association (ANA) Revised Position Statement on the Elimination of Manual Patient Handling to Prevent Work-Related Musculoskeletal Disorders acknowledged that the use of assistive equipment, such as lift and transfer devices, may reduce the risk of musculoskeletal injury during activities performed by nurses. The statement noted that specialized equipment to assist in patient handling included full-body sling lifts, stand-assist lifts, lateral transfer devices, and friction reducing devices. Assistive equipment removed the manual dimension of patient handling and assumed a large proportion of the patient's weight. In summary, the authors of the position statement concluded that although some form of patient handling must be undertaken by nurses, it should be limited to assisting patients while using assistive equipment (e.g., repositioning a patient in a chair after using a lifting device).
- An American Journal of Nursing clinical practice guideline (Fields et al., 2021) supported the use of a mechanical lift to reduce the risk of skin breakdown and development of pressure ulcers in individuals with spinal cord injury.

Codes addressed in this guideline

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee

of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

HCPCS Code	Description
E0621	Sling or seat, patient lift, canvas or nylon
E0625	Patient lift, bathroom or toilet, not otherwise classified
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
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs

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