

Patient Lifts

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Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Introduction

Patient lifts are addressed by this guideline.

Criteria

Hydraulic or Electric Patient Lifts

A hydraulic or electric patient lift with seat or sling is considered medically necessary when **all** of the following apply:

- It is necessary to move between a bed, chair, walker, wheelchair, or commode.
- Two or more individuals are needed to help with transfers without the lift.
- Without the lift, the individual would be unable to move between a bed, chair, walker, wheelchair or commode.
- Use of a lift is required to ensure the safety of the individual and/or caregiver.

Movable Patient Lifts

A movable patient lift is considered medically necessary when **all** of the following apply:

- It is necessary to move between a bed, a chair, walker, wheelchair, or commode.
- Two or more individuals are needed to help with transfers without the lift.
- Without the lift, the individual would be unable to move between a bed, chair, walker, wheelchair or commode.
- 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 is considered medically necessary when **all** of the following apply:

- It is necessary to move between a bed, chair, wheelchair, walker, or commode.
- Two or more individuals are needed to help with transfers without the lift.
- Without the lift, the individual would be unable to move between a bed, chair, walker, wheelchair or commode.
- 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) is considered medically necessary when **all** of the following apply:

- It is necessary to move between a bed, chair, walker, wheelchair, or commode.
- Two or more individuals are needed to help with transfers without the lift.
- Without the lift, the individual would be unable to move between a bed, chair, walker, wheelchair or commode.
- The individual needs to be sitting or lying 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) is considered medically necessary when **all** of the following apply:

- It is necessary to move between a bed, chair, walker, wheelchair, or commode.
- Two or more individuals are needed to help with transfers without the lift.
- Without the lift, the individual would be unable to move between a bed, chair, walker, wheelchair or commode.
- 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) is considered medically necessary when **all** of the following apply:

- It is necessary to move between a bed, chair, walker, wheelchair, or commode.
- Two or more individuals are needed to help with transfers without the lift.
- Without the lift, the individual would be unable to move between a bed, chair, walker, wheelchair or commode.
- 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 Medically Necessary

The following lifts are considered not medically necessary and considered convenience items or home modifications:

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

A patient lift is considered not medically necessary when the individual's mobility needs can be safely and effectively met using less intensive mobility assistive equipment (e.g., walkers, wheelchairs, transfer chairs).

Slings or seats are considered not medically necessary as separate items when provided at the same time as the initial patient lift, as they are included as part of the base equipment.

Evidence Discussion

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 (Halim et al.) 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.

A 2024 review (Fray & Daivis) included 57 biomechanical studies evaluating safe patient handling equipment and techniques and found that most assistive devices reduced physical strain compared with manual handling across multiple outcomes, including hand forces, muscle activity, and spinal loading. Specifically, mechanical lift devices, particularly ceiling lifts, consistently demonstrated the greatest reductions in biomechanical load, with nearly all studies reporting decreased spinal forces, joint moments, and muscle activity relative to manual lifting. Air-assisted devices also showed consistent reductions in effort, muscle activity, and spine loads during repositioning and lateral transfers, while friction-reducing sheets and slide boards demonstrated more limited benefits, often reducing hand forces and muscle activity but producing inconsistent changes in spinal loading. Training in proper lifting technique showed some reductions in posture deviations and spine loads in controlled settings; however, the evidence indicated that these reductions were modest and not sufficient to eliminate risk, and manual handling remained associated with significant biomechanical demand. Across modalities, very few studies reported worse outcomes compared with manual methods, suggesting that assistive devices were at least equivalent or beneficial in most scenarios. The authors concluded that there was a growing body of evidence supporting the use of assistive devices to reduce caregiver load, with mechanical

lifts identified as the most effective intervention; however, important evidence gaps remained, including limited research on certain transfer tasks, reliance on laboratory-based studies with small sample sizes, and a predominance of medium or lower-quality studies, which restricted the ability to draw definitive conclusions for all handling scenarios

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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