

Seat Lift Mechanisms - Medicare Coverage

Seat Lift Mechanism: HCPC Code: E0627

Medicare Payment Category - inexpensive and routinely purchased.

Coverage of an E0627 seat-lift mechanism is limited to those types that operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without assistance.

In order to be approved for Medicare reimbursement, specific criteria must be met.



Conditions for coverage for Medicare -

The patient must have had a documented face-to-face meeting with the ordering practitioner within the last 6 months. This visit must document (in the patient's medical record) that the patient is being treated for the qualifying diagnosis on the prescription (preferably mentioning the seat-lift chair) & why this course of treatment is considered reasonable and necessary.

The physician's record must document that all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed to enable the beneficiary to transfer from a chair to a standing position.

A Detailed Written Order (prescription) is required prior to delivery of the seatlift chair. This Order must be sufficiently detailed to meet Medicare's stringent standards.

Remember there is no guarantee of payment from your insurance company. Medicare does not offer pre-determinations of coverage for most medical equipment. Some private insurers may require a prior-authorization.

Restrictions- Medicare has a Same or Similar rule & a 5 Year Replacement rule. A seat lift chair can be denied if the patient has received reimbursement for another chair within the past five years. Payment can also be denied due to the "same or similar equipment" rule. For example, Based on criteria #4 below, seat lift chairs can be denied if "similar" equipment (i.e. wheelchair, a POV power operated vehicle, other patient lifts) was purchased (or currently being rented) in the past because the patient can no longer ambulate. Also, any patient residing in a Skilled Nursing Facility is ineligible for coverage of home medical equipment.

What Medicare Covers: Medicare only covers the seatlift mechanism, not the actual chair itself.

Files as a non-assigned claim, meaning you pay up front.

After purchasing a Medicare-eligible product and requesting that Advantage Home Oxygen courtesy bill Medicare on the beneficiary's behalf, we will work with you and the prescribing practitioner to complete all of the required documentation and submit your claim.

Every product that is eligible for Medicare reimbursement has what is called an "allowable amount." This "allowable" dictates the amount of reimbursement that Medicare will provide and varies by category and by state. Medicare updates the allowable amount quarterly.

For eligible items, Medicare will normally pay 80% of this allowable amount. The other 20% (co-insurance) is considered the beneficiary's responsibility. The Medicare first quarter 2015 reimbursement allowable amount for E0627 is \$367.07 (depending on the state in which the beneficiary is located) & if the coverage criteria are met. The beneficiary would receive the *current reimbursement* allowable amount LESS the 20% co-insurance and any deductible amount which is dictated by the beneficiary's insurance plan. The 2015 Medicare deductible amount is \$149.00.

- Medicare supplemental plans generally reimburse the 20%. Check with your plan for details.
- Medicare advantage plans and other private insurances generally reimburse less. Recent reimbursements from most Medicare advantage plans (HMO's) are between \$150 - \$250.
- Pa. Medical Assistance does not currently cover E0627 Seat Lift Mechanisms.

Coverage Criteria- A seat-lift mechanism *may* be covered if all of the following criteria are met:

- 1) The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease, **and**
- 2) The seat-lift mechanism must be part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition, **and**
- 3) The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat-lift mechanism. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate & the chair has arms), **and**
- 4) Once standing, the patient must have the ability to ambulate (even if you use a walker or cane for assistance)

Documentation Requirements-A Detailed Written Order (prescription) must be received by Advantage Home Oxygen prior to delivery. A Certificate of Medical Necessity (CMN) must also accompany the claim and be kept on file by Advantage Home Oxygen.

The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g., medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position.

The CMN questions (which are answered by the ordering physician after delivery) are important in determining coverage; if the questions are answered incorrectly, the seat lift mechanism will be denied as not covered. Questions 1 or 2 must be answered yes. The remaining questions, 3 thru 5 must also be answered yes. Check with your ordering practitioner to see how they will answer these questions that are listed on the CMN.

1. Does the patient have severe arthritis of the hip or knee?
2. Does the patient have a severe neuromuscular disease?
3. Is the patient completely incapable of standing up from a regular armchair or any chair in his/her home?
4. Once standing, does the patient have the ability to ambulate?
5. Have all appropriate therapeutic modalities to enable the patient to transfer from a chair to a standing position (e.g., medication, physical therapy) been tried and failed? If YES, this is documented in the patient's medical records.

Most other insurances use the same Medicare qualifying criteria for obtaining coverage for the seat lift mechanism. Contact *your* insurance company and ask if an E0627 seat lift mechanism *may* be covered.

Diagnosis Codes (ICD9 code): ICD-9 codes covered if selection criteria are met: *see separate listing
Arthritis of hip and/or knee 715.09, 715.15, 715.16, 715.18, 715.25, 715.26, 715.35, 715.36, 715.95, 715.96, 716.05, 716.06, 716.15, 716.16, 716.25, 716.26, 716.35, 716.36, 716.45, 716.46, 716.95, 716.96
Neuromuscular Diseases: *not listed here.

NOTE: This is not an all-inclusive diagnosis list, nor does a code listed here guarantee coverage. Medicare does not have a specific ICD 9 listing of diagnosis codes for coverage of seatlift chairs.

What is an ABN? Advanced Beneficiary Notice. An ABN is a Medicare waiver of liability that providers are required to give Medicare patient for services provided that may not be covered or considered medically necessary. An ABN notifies Medicare that the patient acknowledges that certain procedures/equipment were provided. It also gives the patient the opportunity to accept or refuse the item or service and protects the patient from unexpected financial liability if Medicare denies payment. An ABN offers the patient the right to appeal Medicare's decision.

Advantage typically issues an ABN with the purchase of a seat lift chair because of unknown medical necessity requirements.

*Due to health, hygienic and safety regulations, items designed for single-use (or special ordered items like seatlift chairs) **cannot** be returned or exchanged. This includes products that are still considered to be in new condition or are not yet opened, as well as additional items marked specifically as non-returnable in the item description.*

Disclaimer. This guide is intended to inform patients & ordering practitioners of our understanding of Medicare policy on coverage for durable medical equipment & supplies at the time of publishing. The information supplied has been derived from Medicare supplier manuals & Local Coverage Determinations. Advantage Home Oxygen & Respiratory Services Inc., makes no warranty of any kind, express or implied, regarding the information supplied here.