



PROVIDER COMPLIANCE TIPS FOR PATIENT LIFTS



PROVIDER TYPES AFFECTED

Physicians, Durable Medical Equipment (DME) Suppliers, and other practitioners who write prescriptions for patient lifts

BACKGROUND

The Medicare Fee-For-Service improper payment rate for patient lifts for the 2018 reporting period was 52.4 percent, representing a projected improper payment amount of more than \$9.1 million.¹

¹ [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

Patient lifts are covered under the Durable Medical Equipment benefit [Social Security Act §1861(s)(6)]. In order for DME to be reimbursed, the reasonable and necessary requirements set out in the related Local Coverage Determination entitled Local Coverage Determination (LCD): Patient Lifts (L33799) must be met.

REASONS FOR DENIAL

For the 2018 reporting period, insufficient documentation accounted for 98 percent of improper payments for patient lifts.¹

TO PREVENT DENIALS²

- General Coverage - In order to justify payment for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) items, suppliers must meet the following requirements:
 - Prescription (order)
 - Written Order Prior to Delivery must be received for applicable items
 - Detailed Written Order (if applicable) must be received by the supplier before a claim is submitted
 - Medical Record Information (including continued need/use if applicable)
 - Correct Coding
 - Proof of Delivery
- Proof of delivery (POD) is a supplier standard and DMEPOS suppliers are required to maintain POD documentation in their files. POD documentation must be made available to the Medicare contractor upon request.
- The beneficiary must need to transfer between bed and a chair, wheelchair, or commode and, without the use of a lift, the beneficiary would be bed confined.
- Coverage criteria for codes E0630, E0635, E0639, or E0640 must be met.
- Two criteria for a multi-positional patient transfer system (E0636, E1035, E1036) must be met:
 - Basic coverage criteria for a lift are met
 - The beneficiary requires supine positioning for transfers
- Billing for canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs must be discontinued if coverage is provided for code E1035 or E1036.
- The accessory, Code E0621, must be ordered as a replacement for a covered patient lift.

¹ [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

² [Local Coverage Determination \(LCD\): Patient Lifts \(L33799\)](#)

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
2018 Medicare Fee-for-Service Supplemental Improper Payment Data	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFSSupplementalImproperPaymentData.pdf
Local Coverage Determination (LCD): Patient Lifts (L33799)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33799&ver=8&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=Patient+lift&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAA-CAAAAA&

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