



Lift Chairs and Seat Mechanisms

Documentation Required

- ❖ *Medicare*
 - CMS 849 for mechanism
 - Provider (MD, DO, PA-C, ANP) face to face examination notes within 6 months prior to prescription

- ❖ *Medicaid – see below*

Medicare

- ❖ *The lift mechanism is the only part of the chair that is covered by Medicare. The lift chair itself is not covered*
- ❖ *Face to Face Examination Notes must document:*
 - Patient has severe arthritis of the hip or knees; or
 - Patient has a severe neuromuscular disease
 - Mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement or arrest/retard deterioration in the beneficiary's condition
 - Patient is completely incapable of standing up from regular armchair or any chair in their home
 - The fact that a beneficiary has difficulty or is even incapable of getting up from their chair, particularly a low chair, is not sufficient justification for a seat lift chair
 - Once standing, the beneficiary must have the ability to ambulate
 - All appropriate therapeutic modalities (medication, physical therapy) have been tried and failed to enable the beneficiary to transfer from a chair to a standing position
 - Ordering physician must be the treating physician for the condition requiring the chair
 - Height and weight within 30 days prior to prescription

Medicaid

- ❖ *Chair and lift are only covered under Medicaid Waiver*
- ❖ *Prescription should be sent to the client's care coordinator and Procare*
 - Care Coordinator will submit for amendment to plan of care
 - Once plan is approved, copy is sent to Procare and we will order the chair
- ❖ *Process usually takes a minimum of 3 months*