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, particularity 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