Patient Lift

Documentation Required

❖ All insurance payers
  ▪ Prescription
  ▪ Medical record notes specifying medical necessity

❖ Medicare
  ✔ Start Date
  ✔ Patient Name
  ✔ Provider Name
  ✔ Detailed description of item(s) prescribed
  ✔ ICD-10 code(s)
  ✔ Length of need
  ✔ Provider signature with credentials (for Medicare recipients)
  ✔ Provider signature date (in addition to start date of prescription for Medicare recipients)

❖ Medicaid
  ▪ Medicaid Certificate of Medical Necessity (CMN)

❖ Medical record notes must specify
  ▪ Height and weight within 30 days of prescription
  ▪ History of condition causing the need of equipment
  ▪ Transfer between bed and a chair, wheelchair or commode is required and, without the use of a lift, the beneficiary would be bed confined

**Replacement slings are covered as long as the patient qualified for the lift.**