



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. ***