Patient Lifts

A patient lift is covered if transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the beneficiary would be bed confined.

Coverage and Payment Policy

This service requires prior authorization.

a.Submitted information must include attestation to a diagnosis that prevents the member from transferring without assistance or that requires more than one person to assist for transfer.
b. A multi-positional patient transfer system is covered if above criteria is met and the beneficiary requires supine positions for transfers.
c. Only one type of lift will be covered unless medical documentation can show a need for two lifts.

Approved by: ____________________________, Associate Medical Director

Jerry Fingerut, MD

Date: 10 February 2016

Reviewed: ____________________________

Revised: ____________________________