



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

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WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Seat Lift Mechanisms

Policy Number: HS-166

Original Effective Date: 5/6/2010

Revised Date(s): 7/18/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

N/A

POSITION STATEMENT

Seat lift mechanisms **are considered medically necessary** if ALL of the following criteria are met:

- The member must have severe arthritis of the hip or knee OR have a severe neuromuscular disease; **AND**,
- The seat lift mechanism must be part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the member's condition; **AND**,
- The member must be *completely incapable* of standing up from a regular armchair or any chair in the home¹; **AND**,
- Once standing, the member must have the ability to ambulate.

¹ NOTE: The fact that the member has difficulty or is even incapable of getting up from a chair, particularly a low chair, is NOT sufficient justification for a seat lift mechanism. Almost all members who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.

² NOTE: Coverage of seat lift mechanisms is limited to those types which operate smoothly, can be controlled by the member, and effectively assist a member in standing up and sitting down without other assistance. Excluded from coverage is the type of lift which operates by spring release mechanism with a sudden, catapult-like motion and jolts the member from a seated to a standing position.

³ NOTE: Coverage is limited to a seat lift mechanism, even if it is incorporated into a chair (E0627). Payment for a seat lift mechanism incorporated into a chair (E0627) is based on the allowance for the least costly alternative (E0628, E0629).

⁴ NOTE: The physician ordering the seat lift mechanism must be the treating physician or the consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record MUST document that all appropriate therapeutic modalities (e.g. medication, physical therapy) have been tried and failed to enable the member to transfer from a chair to a standing position.

CODING

CPT®* Codes - Not applicable

ICD-9-CM Procedure Codes - Not applicable

Covered HCPCS Level II Codes

- E0627** Seat lift mechanism incorporated into a combination lift-chair mechanism
E0628 Separate seat lift mechanism for use with patient-owned furniture, electric
E0629 Separate seat lift mechanism for use with patient owned furniture - nonelectric

Covered ICD-9-CM Diagnosis Codes

- 358.00** Myasthenia gravis without acute exacerbation
358.01 Myasthenia gravis with acute exacerbation
358.1 Myasthenic syndrome in diseases classified elsewhere (Lambert-Eaton syndrome)
358.2 Toxic myoneural disorders
358.8 Other specified myoneural disorders
715.15 Primary Osteoarthritis of Hip (degenerative joint disease of pelvic region and thigh)
715.16 Primary Osteoarthritis of Knee (degenerative joint disease of lower leg)
715.25 Secondary Osteoarthritis of Hip (degenerative joint disease of pelvic region and thigh)
715.26 Secondary Osteoarthritis of Knee (degenerative joint disease of lower leg)

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- 715.35** Localized Osteoarthritis of Hip (degenerative joint disease of pelvic region and thigh)
715.36 Localized Osteoarthritis of Knee (degenerative joint disease of lower leg)
715.85 Osteoarthritis of Hip involving or with mention of more than one site, not specified as generalized
715.86 Osteoarthritis of Knee involving or with mention of more than one site, not specified as generalized

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

N/A

Government Agencies, Professional and Medical Organizations

1. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination. Seat Lift (280.4). Category: DME. Effective Date: May 1, 1989.

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
7/18/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.