HCFA Rulings

Department of Health and Human Services

Health Care Financing Administration

Ruling No. 90-1 Date: June 1990

HCFA RULINGS are decisions of the Administrator that serve as precedent final opinions and orders and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous statutory or regulatory provisions relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, and related matters.

HCFA RULINGS are binding on all HCFA components, the Provider Reimbursement Review Board and Administrative Law Judges who hear Medicare appeals. These decisions promote consistency in interpretation of policy and adjudication of disputes.

THIS RULING restates HCFA's policy regarding Medicare coverage of seat lifts as generally provided in 42 CFR 405.514 for durable medical equipment (DME) and as specifically provided in section 60-8 of the Medicare Coverage Issues Manual (54 FR 34555 (August 21, 1989)) for seat lifts.

HCFAR-90-1-1

MEDICARE PROGRAM

Supplementary Medical Insurance Benefits (Part B)

CRITERIA FOR MEDICARE COVERAGE OF SEAT LIFTS

HCFAR-90-1

PURPOSE: This ruling restates Health Care Financing Administration (HCFA) policy regarding Medicare coverage of seat lifts.

CITATIONS: Sections 1832(a), 1861(n) and (s)(6), and 1862(a)(1) of the Social Security Act (the Act) (42 U.S.C. 1395k, 1395x(n) and (s)(6), and 1395y(a)(1)); 42 CFR 405.514; 60-8 of the Medicare Coverage Issues Manual (54 FR 34555 (August 21, 1989)).

PERTINENT HISTORY: Medicare coverage of durable medical equipment (DME) is based on sections 1832(a), 1861(n) and (s)(6), and 1862(a)(1) of the Social Security Act.

RULING: Section 60-8 of the Medicare Coverage Issues Manual establishes our national coverage policy for seat lifts. The existing Manual provisions state the following:

Reimbursement may be made for the rental or purchase of a medically necessary seat lift when prescribed by a physician for a patient with severe arthritis of the hip or knee and patients with muscular dystrophy or other neuromuscular diseases when it has been determined the

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patient can benefit therapeutically from use of the device. In establishing medical necessity for the seat lift, the evidence must show that the item is included in the physician's course of treatment, that it is likely to effect improvement, or arrest or retard deterioration in the patient's condition, and the severity of the condition is such that the alternative would be bed or chair confinement.

Coverage of seat lifts is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance. Excluded from coverage is the type of lift which operates by a spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position. [Carriers must] limit the payment for units which incorporate a recliner feature along with the seat lift to the amount payable for a seat lift without this feature.

These longstanding criteria are to be applied in all decisions affecting Medicare coverage of seat lifts and all types of combination lift-chairs.

EFFECTIVE DATE: This Ruling is effective June 11, 1990.

DATED: June 11, 1990

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