

CLINICIAN CHECKLIST FOR PATIENT LIFTS AND MULTI-POSITIONAL PATIENT LIFTS

Policy References:

- [Local Coverage Determination \(LCD\) \(L33799\)](#)
- [Policy Article \(A52516\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

Patient Lifts

Transfer between bed and a chair, wheelchair, or commode is required; **and**
Without the use of a lift, the beneficiary would be bed confined.

Multi-Positional Patient Lifts

Transfer between bed and a chair, wheelchair, or commode is required; **and**
Without the use of a lift, the beneficiary would be bed confined; **and**
Beneficiary requires supine positioning for transfers.