

**References: L33799, A52516**

### **Patient Lifts E0636, E1035, E1036**

- Face-to-Face Examination (F2F)
  - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- Written Order Prior to Delivery (WOPD)
  - Date stamp indicating supplier's date of receipt of WOPD on or before date of delivery

### **All other Equipment and Supplies**

- Dispensing Order, if applicable
- Detailed Written Order (DWO)

### **All Lifts, Equipment, and Supplies**

- Beneficiary Authorization
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the prosthesis is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
- Continued Need
- Continued Use

### **Medical Records**

- 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
- A patient lift described by code E0630, E0635, E0639, or E0640 is covered if:
  - The basic coverage criteria are met
- A multi-positional patient transfer system described by code E0636, E1035, or E1036 is covered if the following criteria are met:
  - The basic coverage criteria for a lift are met; **and**
  - Beneficiary requires supine positioning for transfers

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## Billing Reminders

- The KX modifier must be added to codes E0636, E1035 or E1036 if all the coverage criteria noted above have been met, evidence of such is retained in the supplier's files and is available upon request. .
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- When an upgrade is provided, the GA, GK, GL, and/or GZ modifiers must be used to indicate the upgrade.
- A patient lift for a toilet or tub (E0625) is non-covered.
- The only products that may be billed with E0636, E0639, E0640, E1035, or E1036 are those which have received a written Coding Verification Review from the PDAC contractor and that are listed in the Product Classification List on the PDAC web site.
- Home modifications are noncovered.
- E0621 is covered when ordered as a replacement sling or seat for a covered patient lift.
- If coverage is provided for E1035 or E1036, payment will be discontinued for any other mobility assistive equipment.
- When billing for heavy duty bariatric lifts use E0630-E0640.

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