

Policy References: [Local Coverage Determination Patient Lifts \(L33799\)](#) and [Policy Article \(A52516\)](#)

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

The supplier must be able to provide all of these items on request:

- [Standard Written Order \(SWO\)](#)
- [Beneficiary Authorization](#)
- [Proof of Delivery \(POD\)](#)
- [Continued Need](#)
- [Continued Use](#)
- Medical records from treating practitioner as noted below

Medical Records should contain:

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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