

## **DOCUMENTATION CHECKLIST FOR PATIENT LIFTS**

### **Policy References:**

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

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

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.