Power Seat Lift Chair
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Power Seat Lift Chair		
MNG #: 102	☒ CCA Senior Care Options (HMO D-SNP) (MA) ☒ CCA One Care (FIDE SNP) (MA)	**Prior Authorization Needed?** ☒ **Yes (always required)** ☐ **Yes (only in certain situations. See this MNG for details)** ☐ **No**
Benefit Type: ☒ **Medicare (seat lift mechanism only)** ☒ **Medicaid**	**Original Approval Date:** 03/03/2022	**Effective Date**: 08/23/2022; 4/11/2024; 01/01/2025; 02/12/2026
Last Revised Date: 09/01/2022; 01/18/2023; 04/11/24; 02/13/2025; 02/12/2026	**Next Annual Review Date:** 03/03/2023; 09/01/2023; 01/18/2024; 04/11/25; 02/13/2026; 02/12/2027	**Retire Date:** 08/31/2026

OVERVIEW:

A seat lift mechanism is primarily designed and used to lift an individual's body from a sitting position to a standing position while providing stability and control. Seat lift mechanisms can be incorporated into a chair as a complete unit. Optional dual motors can provide additional power as needed dependent upon size of the individual. Coverage of seat lift mechanism or chair and seat lift mechanism as a complete unit varies by type of plan.

DEFINITIONS:

Ambulate: To be able to walk from place to place (with or without an assistive device).

Member: A person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan.

DECISION GUIDELINES:

Clinical Coverage Criteria:

CCA may cover a seat lift mechanism, or chair and seat lift mechanism as a complete unit, for an SCO or One Care member when criteria 1 **and** 2 are met:

1. Member is unable to transition from a seated position to a standing position safely, with or without an assistive device and/or hands-on caregiver assistance, due to an irreversible physical condition, including but not limited to one of the following:
    a. Severe arthritis of the hip or knee with limited joint range of motion that affects transfers
    b. Progressive neuromuscular disease
    c. Irreversible mobility impairment
    d. Lower extremity weakness

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e. Balance impairment;

AND

2. A physical or occupational therapist in-home or virtual video assessment to determine functional mobility has been completed, and documentation supports all of the following criteria:
    a. Member is unable to safely and independently transition sit to stand from an armchair of appropriate height or any chair inside their home; and
    b. Appropriate therapeutic modalities have been tried and have failed to enable member to safely transfer from sit to stand position. These include but are not limited to:
        - Physical Therapy and/or Occupational Therapy
        - Therapeutic exercise
        - Medication
        - Use of durable medical equipment (e.g., walker, cane standing handle assist); and
    c. Once standing, member is able to ambulate safely and independently, with or without an assistive device; and
    d. Member is able to use the hand control functions of the seat lift chair independently and safely and demonstrate safe and independent transition from sit to stand; and
    e. Requested chair meets recommended weight or height guidelines of manufacturer and documentation supports need for additional motor, heavy duty motor and/or extra heavy-duty lift mechanism.

LIMITATIONS/EXCLUSIONS:

CCA does not consider a power seat lift chair to be medically necessary, and does not cover a power seat lift chair in any of the following scenarios:

- The member has equipment that
    - serves the same purpose as requested power seat lift chair; and
    - is already in use by the member; and
    - can meet member's needs; and
    - is in good working order.
- The member's needs could be met with a less costly alternative (e.g., chair/furniture riser).
- The equipment cannot reasonably be expected to make a meaningful contribution to the treatment of member's illness or injury.
- The member's living environment will not accommodate the size of the chair, including space necessary to fully recline the power seat lift/recliner chair.
- Optional features are considered not medically necessary, including but not limited to heat, massage, powered lumbar support and headrests.
- Fabric/material upgrades are considered not medically necessary.
- Dual motor power seat lift chairs for convenience purposes only.

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CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
E0627	Seat lift mechanism electric, any type

Disclaimer:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

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REFERENCES:

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2. Centers for Medicare & Medicaid Services. Seat Lift Mechanisms-Policy Article A52518. Accessed January 13, 2025. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52518
3. Centers for Medicare & Medicaid Services. Standard Documentation Requirements for All Claims Submitted to DME MACs. Article A55426. Accessed 1/23/2025. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55426&ver=117
4. Center for Medicare & Medicaid Services. National Coverage Determination (NCD) 280.4 Seat Lift. Accessed January 13, 2025. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=221
5. Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment: Subchapter 6 Version 4/1/2024; Service Codes last accessed January 13, 2025. https://www.mass.gov/doc/durable-medical-equipment-dme-subchapter-6-2/download
6. Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment, 130 CMR 409.420 Mass. Register #1494, 4/28/2023. Accessed January 13, 2025.
7. DIVISION OF MEDICAL ASSISTANCE 130 CMR 450.000. Effective 1/3/2025. Accessed 2/3/2025. https://www.mass.gov/doc/130-cmr-450-administrative-and-billing-regulations/download#:~:text=130%20CMR%20400.000%20through%20499.000%20contain%20the%20MassHealth%20agency's%20regulations,all%20MassHealth%20providers%20and%20services.
8. Scovell S. UpToDate Patient education: Lowerextremity chronic venous disease (Beyond the Basics). Literature review current through: Dec 2024. Topic last updated: Aug 23, 2023. Accessed 1/23/2025. https://www.uptodate.com/contents/lower-extremity-chronic-venous-disease-beyond-the-basics/print#:~:text=Chronic%20venous%20disease%20is%20a,have%20%22chronic%20venous%20insufficiency.%22

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REVISION LOG:

REVISION DATE	DESCRIPTION
2/12/2026	To align with LCD, removed chronic venous insufficiency or chronic venous disease as a condition for clinical coverage. Removed E1399 as it is no longer a covered benefit for 2026.
2/13/2025	Annual review: Removed applicability to MAPD product/s; added Definition; updated template, and removed Required Documentation - added reference re CMS DME Required Documentation; revised code description; revised language for clarity purposes; editorial revisions.
6/25/2024	Utilization Management Committee Approval
3/14/2024	Template update. Added separate sections for Medicare related products and SCO/One Care products. Definitions and HCPCs codes added. Medicare products: Local Coverage Determinations (LCD) L33801 Seat Lift Mechanisms and related Seat Lift Mechanisms-Policy Article A52518 applies to the seat lift mechanism component (E0627). SCO and One Care: Internal coverage criteria applies to seat lift mechanism and chair as one complete unit. Clinical coverage criteria updated: Added Unable to independently transition sit to stand and must be able to ambulate safely and independently once standing
08/31/2026	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

APPROVALS:

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	**Title**
	2/12/2026
Signature	**Date**
CCA Senior Operational Lead	**Title**
Signature	**Date**
CCA CMO or Designee	**Title**