Medicare Local Coverage Determination - Lift Chair Mechanism ONLY (Does not apply to whole chair)

A seat lift mechanism is covered if all of the following criteria (1-4) are met:

1. The beneficiary must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
2. The seat lift mechanism must be a part of the treating practitioner's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the beneficiary's condition.
3. The beneficiary must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a beneficiary has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all beneficiaries who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)
4. Once standing, the beneficiary must have the ability to ambulate.

Verbiage example:
Due to (Symptom) caused by (Condition), the patient is completely incapable of standing up from a regular armchair or any chair in their home despite seat height and chair arms. The lift mechanism is a part of treatment and will (input effect of condition: result in improvement, slow deterioration, or halt deterioration) of the patient's condition. Once in a standing position, the patient is able to safely ambulate.

Please ensure your patient knows: Even if qualifications are met, the patient will be responsible for the full payment upfront. Once the claim is processed and approved, Medicare only reimburses for the lift mechanism itself, which typically covers $300 to $500 of the total cost.

If your patient has an active Medicaid policy, please contact a representative to discuss their coverage options.