



Additional notes:

1. Coverage

a. Medicare Criteria: Severe arthritis of the hip or knee, or severe neuromuscular disease, or be part of a course of treatment prescribed by a physician, or the client must be completely incapable of standing from a regular chair in their home and once standing the client must have the ability to ambulate. **Medicare will not cover this item if the client has a wheelchair, scooter or power wheelchair on file.**

b. DSHS Coverage:

- DSHS will cover the furniture portion of a basic lift chair if the case worker has determined the lift chair is necessary for independent living and a prescription (clients enrolled in Medicare) or a prescription/recommendation (clients enrolled in Medicaid only) has been provided by a medical professional.
- Upgrades in fabric and other add-ons to the chair are not allowed unless it is due to necessity such as needing vinyl fabric for ease of clean-up for client with incontinence issues.

2. The vendor must include the following statement on the quote/bid for the lift chair for client's not meeting Medicare's criteria:

I attest that [client name], to the best of my knowledge, does not meet Medicare's medically necessary criteria for a patient lift chair.

3. Case manager assesses and documents client's need for equipment in the CARE assessment on the equipment screen or the specific ADL/IADL screen.

4. Documentation from the health care professional: there is not a specific form, the health care professional can follow their usual protocols

5. See Chapter 7d for service limit information (total allowable cost of furniture and lift mechanism and ETR requirements, when required).

6. The vendor must submit a claim for payment of the lift mechanism. The furniture portion of the lift chair is a one-time only payment type; this means that once the end date on the service line passes a payment will be automatically sent to the vendor, they do not need to manually claim this service.