Client needs Lift Chair to live independently.

**Process for lift mechanism only.**

Client may meet Medicare criteria for lift mechanism.\(^1a\)

- Medicare approves payment.
  - Follow instructions to authorize furniture portion for balance of price of lift chair, including any Medicare co-pay.
- Medicare denies payment.

**Process for furniture portion only.** The furniture portion is never covered by Medicare.\(^1b\)

Client:
- Is not enrolled in Medicare, or
- Does not meet Medicare criteria.\(^2\)

Case manager assesses and documents client’s need for equipment in the CARE assessment.\(^3\)

Documentation is obtained from client’s health care professional for CM review.\(^4\)

Vendor submit documentation of cost to CM for review.\(^5\)

Create Social Service auth using DME blanket code SA419; place auth in “Reviewing” status.

Create Social Service auth using DME blanket code SA879; place auth in “Reviewing” status.

After it is verified the client received the lift chair as authorized, the CM changes auth status to “Approved” for SA419 (if Medicare covered the lift portion) or both SA879 and SA419 (if paid completely by DSHS). Both the lift mechanism process and the furniture-only process must be complete prior to the vendor being able to get paid.\(^6\)
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.