



MO HealthNet Pre-certification Criteria

Medical Procedure Class:	Patient Lift – E0630
Implementation Date:	11/20/2008 CyberAccess Implementation

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of patient lifts.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures subject to Pre-Certification	E0630 – Patient Lift; Hydraulic	
Setting & Population:	All MO HealthNet fee-for-service participants	
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

Setting & Population

All MO HealthNet fee-for-service patients

Approval Criteria

A hydraulic lift is covered if transfer between bed and a chair, wheelchair or commode requires the assistance of more than one person and, without the use of a lift, the patient would be bed confined.

Denial Criteria

Will be denied if any of the approval criteria is not met.

Quantity Limitation

E0630NU – purchase – 1 unit
E0630RR – rental – for months 1-9

Approval Period

E0630 NU – 90 days
E0630 RR - physician specified length of need 1 – 9 months

Appendix A: Potential Questions for Step 1 and Step 2

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

- Do transfers between bed and a chair, wheelchair or commode require the assistance of more than one person?
- Is patient confined to a bed without use of a lift?
- Has an evaluation determined this will meet the transfer needs of this patient?