



Date of Order: _____

Patient Name: _____ DOB: _____

Date of Face-to-Face (F2F) Examination: _____ (must be within 6 months prior to order)

Diagnosis Code(s) supporting need: _____

- The patient must have severe **arthritis of the hip or knee** OR a severe **neuromuscular disease**

There must be documentation in the patient medical record that:

1. The patient is **completely incapable** of standing up from a regular armchair or any chair in his/her home
2. Once standing, the patient has the ability to ambulate
3. All appropriate therapeutic modalities (i.e. medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position

Physician Order

Start Date (if different from Date of Order): _____

Length of Need: 12 months Lifetime Other: _____

Equipment:

- Seat Lift Mechanism, Electric (E0627)
- Chair Portion (A9270) *Not covered by any insurance as it is considered furniture*

Physician Signature: _____ Date: _____

Physician Name: (please print) _____ NPI: _____

*****Must attach copy of qualifying F2F examination*****

Physicians of Medicare patients are also required to complete a Certificate of Medical Necessity; this will be faxed to them for completion once qualifying documentation is on file.

Fax back to: 320-231-4941

Seat Lift Order and Documentation Requirements

Medicare, and other insurance providers that follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 6 months prior to the prescription date.

A Written Order Prior to Delivery (WOPD) is also required; the WOPD cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
- Physician's name
- Date of the order and the start date, if start date is different from date of order
- Detailed description of the item(s)
- Ordering Practitioner's National Provider Identifier (NPI)
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed.

Seat Lift Mechanism Coverage Criteria:

1. The patient **MUST** have diagnosis of:
 - A. Severe arthritis of the hip or knee **OR**
 - B. Severe neuromuscular disease
2. The seat lift must be **part of the physician's course of treatment** and be prescribed to aid in improvement, or slow deterioration, in the patient's condition.
3. The patient **must be completely incapable of standing up** from a regular armchair or any chair in their home.
4. Once standing, the patient **must have the ability to ambulate**.
5. **Other therapeutic modalities have been tried** and failed.

Patient Medical Records must contain documentation of the following:

1. The Face-to-Face (F2F) examination. This can be an inpatient admit H&P, discharge note or progress note, or an outpatient chart note. The qualifying criteria for the prescribed equipment must be met and documented in the F2F notes.
2. Documentation that all appropriate therapeutic modalities, such as medication or physical therapy, have been tried and failed to enable the patient to transfer from a chair to a standing position.

Physicians who have patients with Medicare/Medicare replacement insurances are also required to complete a Certificate of Medical Necessity; this will be faxed to the doctor for completion once all qualifying documentation has been received.

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with questions.