

SEAT LIFT MECHANISM DOCUMENTATION CHECKLIST

TRADITIONAL MEDICARE PART B - (NOT MEDICARE ADVANTAGE)

THE FOLLOWING: A,B,C&D MUST BE IN A FACE-TO-FACE CLINIC NOTE PREPARED BY THE TREATING PRACTITIONER OR A CONSULTING PRACTITIONER (OT, PT) FOR THE DISEASE OR CONDITION RESULTING IN THE NEED FOR THE SEAT LIFT MECHANISM:

- A> DIAGNOSIS OF: 1> Severe arthritis of the hip OR 2> Severe arthritis of the knee OR 3> Severe neuromuscular disease. Clinician should explain why a seat lift is needed.
- B> STATE: The seat lift mechanism is being ordered to effect improvement, or arrest, or retard deterioration in the beneficiary's condition.
- C> STATE: The beneficiary is COMPLETELY incapable of standing up from a regular armchair or any chair in their home without the assistance of another person.
- D> STATE: Once standing, the beneficiary must have the ability to ambulate / walk.
- PREPARE PRESCRIPTION FOR: "SEAT LIFT MECHANISM"
- FAX 1> CLINIC NOTE With all items A,B,C & D above, AND
- FAX 2> PRESCRIPTION For "Seat Lift Mechanism" TO: 888-814-6917

NOTE>

- Documentation must be prepared BEFORE a seat lift mechanism is delivered .
- The beneficiary will have to pay for the COMPLETE cost of the chair out-of-pocket, up front which includes both a 1>Furniture Component (Not Medicare Covered) & 2> Seat Lift Mechanism (Medicare Covered)
- IF we have appropriate documentation as outlined above, we will submit a claim to Medicare on an unassigned basis. If APPROVED, Medicare will reimburse the BENEFICIARY 80% of the allowable charge for the Seat Lift Mechanism (\$306.43 as of 11/2024 x 80% = \$245.14) If the beneficiary has co-insurance, they may receive an additional 20%= \$61.29. If denied, Medicare will not reimburse the patient anything.
- If Medicare has previously provided the patient ANY type of wheelchair, the claim for the seat lift mechanism will be denied as not medically necessary. This is because if the patient has a wheelchair, there is documentation on file that the beneficiary is UNABLE to ambulate / walk.
- We cannot guarantee that Medicare will reimburse the patient and the patient will be required to sign an ABN (Advanced Beneficiary Notice) that they understand that the claim could possibly be denied.
- If the beneficiary is in a nursing home, or enrolled in a hospice plan of care the claim will be denied.

We look forward to assisting you with a seat lift mechanism and appreciate the opportunity to assist you. Please call (256) 546-8820 if you have any questions.



FAX: 888-814-6917