



Ceiling Track Lifts and/or Electric Patient Lifts DME-005

Iowa Medicaid Program	Prior Authorization	Effective Date	11/18/2013
Revision Number	9	Last Reviewed	01/16/2026
Reviewed By	Medicaid Medical Director	Next Review	01/15/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	11/22/2017

Criteria

Prior authorization is required.

For prior authorization of ceiling track lifts and/or electric patient lifts, the member must meet **ALL** the following criteria:

1. There must be a letter of medical necessity from the physician, physician assistant, nurse practitioner, physical therapist, or occupational therapist; or medical records that document **ALL** the following:
 - a. The member requires assistance with transfer between bed and chair, wheelchair, bath, or commode **AND** without the use of a lift, the member would be confined to bed; **AND**
 - b. The member’s weight and height; **AND**
 - c. The member’s diagnosis(es); **AND**
 - d. Reason(s) why an electric or manual patient lift will not work for the member; **AND**
 - e. Documentation that the member’s home has been evaluated for the ceiling track lift and that it will meet the member’s needs in the home if request is for a ceiling lift; **AND**
 - f. Successful trial of the electric lift.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Iowa Administrative Code 441 Chapter 78.10(5)H.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]

Signature

Change Date	Changed By	Description of Change	Version
01/16/2026	CAC	Annual Review.	9

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Change Date	Changed By	Description of Change	Version
01/17/2025	CAC	Annual Review. Coding section updated.	8

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Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual Review.	7

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Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual Review.	6

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Change Date	Changed By	Description of Change	Version
10/15/2021	CAC	Annual Review.	5

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Change Date	Changed By	Description of Change	Version
10/16/2020	CAC	Annual Review.	4

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Change Date	Changed By	Description of Change	Version
10/21/2016	CAC	Combined Ceiling Track Lifts and Electric Patient Lifts. Combined criteria #1 and #2. Added criterion #1f.	3

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Change Date	Changed By	Description of Change	Version
10/16/2015		Added last paragraph in References.	2

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Change Date	Changed By	Description of Change	Version
10/17/2014	Medical Director	Grammar and formatting changes.	1

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CAC = Medicaid Clinical Advisory Committee