

# Request For Lift Chair

Med City Mobility  
1200 Eastgate Drive SE  
Rochester, MN 55904

## Overview:

In order to submit a Lift Chair claim to insurance, the following information must be documented and submitted to the mobility supplier – **Med City Mobility. Phone: (507)252-0555, Fax: (507)540-1148.**

- A **face-to-face report** from the doctor to include a narrative in the patient's chart/SOAP notes detailing the examination.
- An **order/prescription** for the Lift Chair. The prescription must be provided to the mobility supplier within 45 days of the examination.

**Note: Insurance can pay up to \$368.88 towards the lift mechanism of the chair. The remainder is not covered by insurance.**

**Criteria Questions: Doctor must document that 4 out of the following 5 criteria are met:**

1. Does the patient have severe arthritis of the hip or knee? Y/N
2. Does the patient have a severe neuromuscular disease? Y/N
3. Is the patient completely incapable of standing up from a regular arm chair or any chair in his/her home? Y/N
4. Once standing, does the patient have the ability to ambulate? Y/N
5. Have all of the appropriate therapeutic modalities to enable the patient to transfer from a chair to a standing position been tried and failed? Y/N

## Procedure:

**After completing the face-to-face exam, a written order/prescription for the Lift Chair must be provided. The prescription must include all of the following 7 elements:**

1. Beneficiary's name
2. Description of the item that is ordered
3. Date of the completion of the face-to-face exam
4. ICD 9 codes that relate to the need for the POV
5. Length of need
6. Physician's signature
7. Date of physician signature

Once the supplier receives the **order/prescription** and the **face-to-face information/clinical documentation**, they will prepare a **Certificate of Medical Necessity (CMN)** that describes the item being provided including all options and accessories. The doctor should review it and if he/she agrees with what is being provided, the detailed product description should be signed, dated and returned to the supplier. If the doctor does not agree with any part of the detailed product description, he/she should contact the supplier to clarify what the beneficiary should receive.

Once the supplier receives the signed CMN from the doctor, they will create a **Detailed Written Order (DWO)** and submit back to the doctor. The doctor should review it and if he/she agrees with what is being provided, the detailed product description should be signed, dated and returned to the supplier.

## Summary:

The above documentation must be received in the following order:

- 7 element order/prescription (Physician)
- Clinical notes (Physician)
- Certificate of Medical Necessity (Created by the supplier – completed and signed by physician)
- Detailed Written order (Created by the supplier – completed and signed by physician)

\* The information above was obtained from the *National Government Services- Medicare* website.