Ceiling Track Lifts and/or Electric Patient Lifts Criteria

Iowa Medicaid Program: Prior Authorization
Effective Date: 11/18/2013

Revision Number: 3
Last Review Date: 10/21/2016

Reviewed By: Medicaid Clinical Advisory Committee
Next Review Date: 10/2017

Approved By: Medicaid Medical Director
Approved Date: 1/5/2017

Criteria:
For Prior Authorization (PA) of Ceiling Track Lifts and/or Electric Patient Lifts, the member must meet **ALL** of 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** of 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;
   b. The member’s weight and height;
   c. The member’s diagnosis(es);
   d. Reason(s) why an electric or manual patient lift will not work for the member;
   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.
   f. Successful trial of the electric lift.

References Used:
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.

Change History:

<table>
<thead>
<tr>
<th>Change Date:</th>
<th>Changed By:</th>
<th>Description of Change:</th>
<th>New Version Number:</th>
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<tbody>
<tr>
<td>10/17/14</td>
<td>Medical Director</td>
<td>Grammatical and formatting changes</td>
<td>1</td>
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<tr>
<td>10/16/15</td>
<td>CAC</td>
<td>Added last paragraph in References Used</td>
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<tr>
<td>Date</td>
<td>Initials</td>
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<tr>
<td>10/21/16</td>
<td>CAC</td>
<td>Combined Ceiling Track Lifts and Electric Patient Lifts. Combined criteria #1 and #2. Added criterion #1 f.</td>
<td>3</td>
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C. David Smith, MD