MEDICARE REQUIREMENTS FOR HOYER LIFT

Documentation Required:

- Detailed Written Order
- Medical records must contain sufficient documentation of the patients medical condition to substantiate the necessity for the type of item ordered

Coverage Criteria:

A patient lift (E0630-Hoyer) is covered if transfer between bed and a chair, wheelchair, or commode is required and without the use of a lift, the patient would be bed confined.
Patient Name: ______________________________ DOB: _______________ Date: __________

Patient Lift Script

Please Mark Required Item

_____ Hoyer Lift

_____ Get U Up (Patient able to bear 50% of body weight)

Diagnosis: ________________________________
Length of need: __________ (99 months = lifetime)

Signature: ________________________________ Date: ________________

Printed name: ___________________________________ NPI: ______________________

Fax back to: (785) 235-9703