

The Department of Vermont Health Access Medical Policy

Subject: Transfer boards and other non-lift transfer devices.

Last Review: June 6, 2016

Revision 5: August 26, 2015

Revision 4: October 30, 2014

Revision 3: June 5, 2013

Revision 2: June 4, 2012

Revision 1: June 28, 2011

Original Effective: 2004

Description of Service or Procedure

A transfer device enables a beneficiary to move in a controlled manner, without lifting, between two adjacent surfaces, for example from bed to chair, or bed to commode, or chair to commode. A transfer device is not meant to transport a beneficiary (for example, from one room to another).

Note: Lifts are a specific category of transfer device, which elevates an individual off of one surface and on to another.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

A transfer device may be covered for beneficiaries:

- When the transfer device is prescribed by a licensed medical provider, operating within their scope of practice under the Vermont State Practice Act, who is knowledgeable in the use of transfer devices, and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.



Coverage Criteria

A transfer device may be covered for beneficiaries who meet the following criteria:

- Have a medical condition that impairs the ability to transfer from one surface to another **AND**
- Have been evaluated for the most appropriate transfer techniques and devices by a physical or occupational therapist, or a physician knowledgeable in transfer techniques and devices **AND**
- The device has been documented as fitting into the beneficiary's home environment **AND**
- The device prescribed maximizes beneficiary independence and safety **AND**
- The device maximizes the preservation of skin integrity **AND**
- The beneficiary and/or caregivers have been fully trained in the proper technique for use and care of the device.

Clinical guidelines for repeat service or procedure

Repeat services are covered when the DME requires replacement before the DME restriction time frame, for one of the following reasons:

- The device has been outgrown **OR**
- The device no longer meets the medical needs of the beneficiary **OR**
- The device is no longer functional through normal wear and tear (expected to last at least 5 years) **OR**
- The cost of repairing the device is greater than 50% of the replacement cost.

Type of service or procedure covered

Transfer boards, transfer discs, pivoting devices, low friction sliding sheets/tubes.

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