

The Department of Vermont Health Access Clinical Criteria

Subject: Transfer boards and other non-lift transfer devices

Last Review: August 30, 2024*

Past Revisions: May 5, 2023, September 3, 2021, January 28, 2020, June 6, 2016, August 26, 2015, October 30, 2014, June 5, 2013, June 4, 2012, June 28, 2011, and 2004

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

A transfer device enables a member 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 member (for example, from one room to another).

Note: Lifts are a specific category of transfer device, which elevates a member off of one surface and on to another. DVHA follows InterQual® criteria for power lifts. InterQual® criteria can be accessed by logging into the Vermont Medicaid Portal at <https://vtmedicaid.com/secure/logon.do>, navigating to secure options, and clicking on InterQual® solution from the dropdown menu.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain 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

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment



Coverage Position

Transfer devices may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding transfer devices, and who provides medical care to the member AND
- When the clinical criteria below are met.

*Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

A transfer device may be covered for members who:

- 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 or advanced practice medical provider knowledgeable in transfer techniques and devices **AND**
- The device has been documented as fitting into the member's home environment **AND**
- The device prescribed maximizes member independence and safety **AND**
- The device maximizes the preservation of skin integrity **AND**
- The member and/or caregivers have been fully trained in the proper technique for use and care of the device.

For devices that require prior authorization (see <http://vtmedicaid.com/#/feeSchedule>) a Physical or Occupational Therapist home assessment is required to determine the correct device, given the member's medical condition, mobility status, and the physical plant of the home. A trial or close simulation of the device is required to ensure that the device will meet the medical needs of the member. Members may also require instruction from a physical or occupational therapist in techniques to use and care for the device properly.

[Providers are encouraged to access the DVHA Health Learn presentation titled "Obtaining Lift And Transfer Devices For Vermont Medicaid Members"](https://www.vtmedicaid.com/#/providerEducation) available at <https://www.vtmedicaid.com/#/providerEducation>.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Please refer to the DME Limitations list at <http://vtmedicaid.com/#!/resources> regarding service quantity guidance. Repeat services are covered when the device requires replacement before the DME Limitation guidance timeframe, for the following reasons:

- The device has been outgrown OR
- The device no longer meets the medical needs of the member OR
- The device is no longer functional through normal wear and tear, or the useful lifetime has been reached (Medicaid HCAR Rule 4.209.4).
- The cost of repairing the device is greater than 50% of the replacement cost.

Type of service or procedure covered

Transfer devices including, but not limited to, slide boards, slide sheets or tubes, swivel discs, partial standing and standing transfer devices.

Type of service or procedure not covered (this list may not be all inclusive)

- Duplicate devices for multiple bathrooms are not covered.
- Any device that requires a home modification is not covered.

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#!/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

- Abdullah, A., Kausar, Z., Hameed, A., Shiekh, S. R., & Khan, H. (2021). Patient's intention detection and control for sit-stand mechanism of an assistive device for paraplegics. *Biomedical Signal Processing and Control*, 68. <https://doi.org/10.1016/j.bspc.2021.102627>
- Aslam, I., Davis, S. A., Feldman, S. R., & Martin, W. E. (2015). A review of patient lifting interventions to reduce health care worker injuries. *Workplace Health & Safety*, 63(6), 267–275. <https://doi.org/10.1177/2165079915580038>
- Centers for Medicare and Medicaid Services. (2017). *Early and Periodic Screening, Diagnostic, and Treatment | Medicaid*. Medicaid.gov. <https://www.medicare.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>
- Goh, C. H., Yusof, M., Ng, S.-C., Subramanian, P., & Tan, M. P. (2014). The use of the self-standing turning transfer device to perform bed-to-chair transfers reduces physical stress among caregivers of older patients in a middle-income developing country. *Frontiers in Medicine*, 1. <https://doi.org/10.3389/fmed.2014.00032>
- Grindle, G. G., Wang, H., Jeannis, H., Teodorski, E., & Cooper, R. A. (2015). Design and user evaluation of a wheelchair mounted robotic assisted transfer device. *BioMed Research International*, 2015, 1–9. <https://doi.org/10.1155/2015/198476>

- Humrickhouse, R., & Knibbe, H. J. J. (2016). The importance of safe patient handling to create a culture of safety: An evidential review. *The Ergonomics Open Journal*, 9(1), 27–42. <https://doi.org/10.2174/1875934301609010027>
- Knox, S., Downer, B., Haas, A., & Ottenbacher, K. J. (2021). Mobility and self-care are associated with discharge to community after home health for people with dementia. *Journal of the American Medical Directors Association*, 22(7), 1493-1499.e1. <https://doi.org/10.1016/j.jamda.2020.12.014>
- Koyama, S., Tanabe, S., Saitoh, E., Otaka, Y., Ohta, H., Tatemoto, T., Kumazawa, N., Katoh, A., Sugiyama, Y., Kiyono, K., & Kanada, Y. (2020). Comparison of two methods of bed-to/from-wheelchair transfer in patients with hemiparetic stroke. *Fujita Medical Journal*, 6(3), 81–86. <https://doi.org/10.20407/fmj.2019-016>
- Krishnan, S., Pappadis, M. R., Weller, S. C., Fisher, S. R., Hay, C. C., & Reistetter, T. A. (2017). Patient-centered mobility outcome preferences according to individuals with stroke and caregivers: A qualitative analysis. *Disability and Rehabilitation*, 40(12), 1401–1409. <https://doi.org/10.1080/09638288.2017.1297855>
- Richarz, H., Tamayo, A., Rahmig, J., Siepmann, T., & Barlinn, J. (2023). The impact of mechanical devices for lifting and transferring of patients on low back pain and musculoskeletal injuries in health care personnel—A systematic review and meta-analysis. *Journal of Occupational Health*, 65(1). <https://doi.org/10.1002/1348-9585.12423>
- Wiggermann, N., Zhou, J., & McGann, N. (2020). Effect of repositioning aids and patient weight on biomechanical stresses when repositioning patients in bed. *Human Factors: The Journal of the Human Factors and Ergonomics Society*, 63(4), 001872081989585. <https://doi.org/10.1177/0018720819895850>

This document has been classified as public information.