Step by Step Consumer Guide to Medicare Coverage for Lift Chairs

The motorized portion of the lift chair is a Medicare covered item, so if you qualify, Medicare may cover up to 80% of the approved amount for the motor. You would be responsible for any co-pay or deductible amounts as well as the additional cost of the furniture portion of the chair. In order to determine if you qualify, you will need to follow these steps:

**Step 1**

Obtain a prescription from your physician for the seat lift chair.
You may need an in-person or face-to-face visit with your physician.

**Step 2**

Your provider has a special form for your physician to fill out. You will need to take this form (or have your provider send it) to your physician. It contains several questions about your condition that will help determine your Medicare coverage.

In order to qualify for the seat lift mechanism under Medicare, there are a few things to keep in mind:

1) You must have severe arthritis of either the hip or knee, or have a severe neuromuscular disease. Your doctor will help determine this.
2) The seat lift mechanism must be a part of your doctor’s treatment plan to help either improve your condition or to slow down or stop the progression of your condition.
3) You must be unable to stand up from a regular armchair or any chair in your home.
4) Once standing, you must be able to walk, even if you use a cane or walker to do so.

Medicare will not cover a lift chair if you are in the hospital or are in a skilled nursing facility. You will not qualify for a lift chair if Medicare has paid for a manual wheelchair, scooter or power wheelchair. You may still qualify if the doctor determines your condition has improved and you are now able to walk, even if it’s with a cane or walker.

**Step 3**

Once your provider obtains the appropriate medical information from your physician, you will next need to select your lift chair. Upon obtaining your lift chair, your provider will submit the claim to Medicare for you.