

Specialized Supportive Seating and Medical Car Seats, DME 56

Table of Content

Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

Effective Date 06/2021
Next Review Date 03/2025
Coverage Policy DME 56
Version 2

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Purpose:

This policy addresses Postural Support Seats.

Description & Definitions:

Postural support seating (also known as activity chair, adaptive chair, special needs chair, positioning chair or therapy chair) is a chair which provides adjustable support and positioning to allow an individual to sit. While this chair may come with accessories such as wheels, its primary purpose is not mobility.

A medical car seat is a positioning seat which allows an individual with an inability to maintain a seated position to be transported in a vehicle.

Criteria:

Medically necessary support seating may be covered with **ONE or more of the following** are met:

- Medical car seats and accessories are considered medically necessary when **ALL of the following** criteria are met:
 - The individual has an inability to maintain an unsupported sitting position independently which is caused by a medical condition, **AND**
 - The individual is within the manufacturer guidelines for height and weight, **AND**
 - The provider has submitted the following documentation:
 - Evaluation by a physical therapist or occupational therapist
 - Description of the medical condition that causes the need for the positioning seat.
 - Description of other interventions that have been tried to meet the recipient's needs.
 - Description of less costly positioning seats that have been considered and rejected.
 - Document the recipient's current height and weight, and the weight capacity and growth potential for the requested seat.
 - Any accessories to the car seat must be directly related to providing supported seating in the vehicle.

- Postural support seats and accessories are considered medically necessary when **ALL the following** criteria are met:
 - The individual has an inability to independently maintain an unsupported sitting position which is caused by a medical condition, **AND**
 - The individual's need for supported seating cannot be met using an adaptive stroller or wheelchair OR the member's home is NOT accessible internally to a wheelchair or adaptive stroller, **AND**
 - The postural support seat and accessories are required to assist the individual with functional limitations such as completion of activities of daily living (Postural support seats with primarily required for vocational, therapeutic, or educational purposes are not considered to be medically necessary. Funding for seats primarily required for vocational or educational purposes may be available through other sources.) **AND**
 - The postural support seat must be provided in a safe, effective and cost-effective level. **AND**
 - The postural support seat must not be provided for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier.

Specialized Supportive Seating and Medical Car Seats **do not meet the definition of medical necessity** for any use other than those indicated in clinical criteria, to include but not limited to:

- Hi-Lo activity chair.
- Chill Out chair.

Coding:

Medically necessary with criteria:

Coding	Description
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E1399	Durable medical equipment, miscellaneous
T5001	Positioning seat for persons with special orthopedic needs

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2024: March

Reviewed Dates:

- 2023: June
- 2021: June

Effective Date:

- June 2021

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024). Retrieved Feb 2024, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522postural%2520Positioning%2520seat%2520%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%252B%2522page%2522:0,%2522size%2522:50%252D,%2522type%2522:%2522all%2>

(2024). Retrieved Feb 2024, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

(2024). Retrieved Feb 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Postural%20Seat&keywordType=all&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MC,CD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

CHILD PASSENGER SAFETY. (2024). Retrieved Feb 2024, from National Child Passenger Safety Board: A Commonwealth of Virginia Website: <https://www.vdh.virginia.gov/child-passenger-safety/>

DME Manual - Appendix B. (2023, Jan). Retrieved Jan 2024, from DMAS DME: <https://www.dmas.virginia.gov/providers/long-term-care/services/durable-medical-equipment/>

Transporting Children With Special Health Care Needs. (2019, May). Retrieved Feb 2024, from American Academy of Pediatrics (AAP): <https://publications.aap.org/pediatrics/article/143/5/e20190724/37167/Transporting-Children-With-Special-Health-Care?autologincheck=redirected>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

Keywords:

SHP Postural Support Seat, SHP Durable Medical Equipment 56, Firefly Go To Seat, Leckey GoTo, Special Tomato Soft Touch Sitter, Tadpole adaptive seating, Firefly Floorsitter