

Specialized Supportive Seating and Medical Car Seats, DME 56

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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.*

Description & Definitions:

Specialized supportive seating (also known as 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, 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:

Specialized Supportive Seating and Medical Car Seats may be covered with **1 or more** of the following criteria 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.
 - The individual is within the manufacturer guidelines for height and weight.
 - 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** of the following criteria are met:
 - The individual has an inability to independently maintain an unsupported sitting position which is caused by a medical condition.

- 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.
- The postural support seat and accessories are required to assist the individual with functional limitations such as completion of activities of daily living
- The postural support seat must be provided in a safe, effective and cost-effective level.
- 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.

Document History:

Revised Dates:

- 2024: March
- 2022: March

Reviewed Dates:

- 2026: February – Implementation date of June 1, 2026. Annual review. No changes to criteria. Add HCPCS Code E1399.
- 2025: February – Annual review completed, no changes, references updated.
- 2023: June
- 2023: February
- 2022: June

Origination Date: June 2021

Coding:

Medically necessary with criteria:

Coding	Description
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E1399	Positioning seat for persons with special physical or neurological needs, for use in vehicles
T5001	Positioning seat for persons with special orthopedic needs

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
 - Funding for seats primarily required for vocational or educational purposes may be available through other sources
- Application to products
 - Policy is applicable to Sentara Health Plans Virginia Medicaid products.
- Authorization requirements
 - Pre-certification by the Plan
 - **Please refer to Prior Authorization List for most up to date requirement** [Search PAL List: Sentara Health Plans](#)

- 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. [EPSDT Supplement B \(updated 5.19.22\) Final.pdf](#)
 - **Documentation Requirements** [DME Chapter IV \(updated 12.5.25\) Final.pdf](#) [DME Appendix D \(updated 9.12.25\) Final.pdf](#)
 - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
 - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
 - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
 - **Repair vs. Replacement Guidelines**
 - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
 - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
 - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
 - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
 - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
 - **Rental vs. Purchase Guideline**

- When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
- When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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).

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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