

Specialized Supportive Seating and Medical Car Seats, DME 56

Table of Content

- [Description & Definitions](#)
- [Criteria](#)
- [Document History](#)
- [Coding](#)
- [Policy Approach and Special Notes](#)
- [References](#)
- [Keywords](#)

<u>Effective Date</u>	6/1/2026
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<u>Coverage Policy</u>	DME 56
<u>Version</u>	5

Member specific benefits take precedence over medical policy. Coverage varies across plans. Coverage varies across plans. Refer to the individual’s benefit plan for coverage details*.

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: **do not meet** the definition of medical necessity for any use. Therefore, not medically necessary for any clinical indications.

Document History:

Revised Dates:

- 2024: March
- 2022: March

Reviewed Dates:

- 2026: February – Implementation date of June 1, 2026. Annual review completed, no changes to criteria. Removed code that no longer requires prior authorization. Add HCPCS Code E1399. References updated.
- 2025: February – Annual review completed, no changes, references updated.
- 2023: February
- 2021: March

Origination Date: April 2020

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

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

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.
- Application to products
 - Policy is applicable to Sentara Health Plans Medicare products.
- Authorization requirements
 - Pre-certification by the Plan is required.
 - **Please refer to Prior Authorization List for most up to date requirement** [Search PAL List: Sentara Health Plans](#)
- Special Notes:
 - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. 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.
 - Medicare Search - [MCD Search](#)

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