

Ambulatory Devices

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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.*

Purpose:

This policy addresses Medical Car Seats.

Description & Definitions:

A medical car seat is a seat used in vehicles for individuals with special orthopedic or medical needs related to positioning that cannot be met using conventional car seats.

Criteria:

Medical car seats for individuals with special orthopedic or medical needs related to positioning that cannot be met using conventional car seats or with needs that make conventional car seats medically inappropriate are considered medically necessary for **all** of the following:

- The individual must be within the manufacturer guidelines for height and weight.
- Individual with an inability to maintain an unsupported sitting position independently which is caused by a medical condition such as **1 or more** of following:
 - Severe head and trunk instability
 - Severe hypotonicity, hypertonicity, spasticity or muscle spasms which result in uncontrollable movement and position changes
 - Severe seizure activity that results in uncontrollable movement and position changes
 - Orthopedic disease processes resulting in significant bony fragility
 - Significant contractures that would result in an inability to perform postural corrections due to vehicle motion
 - Orthopedic condition, such as a curvature of the spine, which interferes with proper positioning
- Documentation for the authorization request for a positioning seat for use in vehicles must include **all of the** following:
 - 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.

Coding:

Medically necessary with criteria:

Coding	Description
T5001	Positioning seat for persons with special orthopedic needs

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

Reviewed Dates:

- 2023: June
- 2022: 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).

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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 Medical Car Seats, SHP Durable Medical Equipment 58, orthopedic, conventional car seat, unsupported sitting position, seizures, head instability, trunk instability, hypertonicity, spasticity, muscle spasms, Orthopedic disease, bony fragility, Significant contractures, curvature of the spine