

## Specialized Supportive Seating and Medical Car Seats, DME 56

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### 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 **1 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 **ALL** 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
- 2022: June

Effective Date:

- 2021: June

## 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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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: \*

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

### 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