

### MEDICAL POLICY - 1.01.530

# **Children's Therapeutic Positioning Equipment**

Effective Date:

Sept. 1, 2024

**RELATED MEDICAL POLICIES:** 

Last Revised:

Aug. 12, 2024

1.01.526 Durable Medical Equipment Repair/Replacement (Excluding Wheelchairs)

Replaces:

N/A

1.01.529 Durable Medical Equipment

10.01.517 Non-covered Services and Procedures

### Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

Clicking this icon returns you to the hyperlinks menu above.

#### Introduction

Children with chronic disabilities, such as cerebral palsy or spina bifida may require different types of therapeutic positioning equipment to assist in their daily activities. Some examples of these pieces of equipment include corner chairs, bolster chairs, feeding chairs, and specialized seats for use in vehicles. Infants with severe gastroesophageal reflux may require a reflux wedge. Equipment that serves no medical purpose or that is primarily for comfort or convenience is generally excluded under most Plans. This policy describes when children's therapeutic positioning equipment is covered.

## **Policy Coverage Criteria**

Please refer to the member's Plan booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this medical policy.

Equipment	Medical Necessity
Reflux wedges	Reflux wedges are considered medically necessary for infants with severe gastroesophageal reflux when ALL the following criteria are met:  • The reflux wedge is prescribed by a physician;  AND  • Documentation specifies the medical condition requiring the reflux wedge;  AND  • Other methods of positioning have been trialed and failed;  OR  • Documentation supports other methods of positioning are contraindicated.
Therapeutic positioning seats  Corner chairs  Special needs feeder seats  Carrie seat  Special needs floor sitters (e.g., Special Tomato sitter)  Special needs bolster chairs  Note: This is not an all-inclusive list	<ul> <li>Therapeutic positioning seats may be considered medically necessary for children who meet ALL the following criteria:</li> <li>Are unable to sit safely in a conventional chair, booster seat or highchair,</li> <li>AND</li> <li>Require specialized positioning to safely perform essential activities of daily living as applicable for age;</li> <li>AND</li> <li>Exhibit ONE or more of the following medical conditions:         <ul> <li>Significant head and trunk instability and/or weakness</li> <li>Significant hypotonicity, hypertonicity, athetosis (writhing movements), ataxia (loss of muscle control/coordination), spasticity, or muscle spasming which results in uncontrollable movement and position change</li> <li>Absence or latency of protective reactions</li> <li>Inability to maintain an unsupported sitting position independently;</li> </ul> </li> <li>OR         <ul> <li>Other significant positional needs cannot be met in the conventional seats listed above.</li> </ul> </li> <li>AND</li> <li>The therapeutic positioning seat is prescribed by a physician AND</li> </ul>

Equipment	Medical Necessity
	There has been a specialized seating/mobility evaluation performed by a therapist or a professional that is independent from the vendor supplying the equipment
	<b>Note:</b> Positioning systems, including feeding chairs or highchairs for children who use other mobility devices (e.g., wheelchair) with positioning or support attachments are considered a duplication of service (e.g., Special Tomato seating system, Rifton activity chair, Squiggles seating system) and are not covered (see <b>Non-Covered</b> below).
Therapeutic positioning	Therapeutic positioning seats for use in vehicles may be
seats for use in vehicles	considered medically necessary for children who meet ALL the
Carrie safety car seat	following criteria:
Columbia Medical  There Berlin are and	Are unable to be properly supported safely in a vehicle during
<ul><li>TheraPedic car seat</li><li>Gorilla postural car seat</li></ul>	normal transport;
Snug Seat car seat	AND
Special Tomato car seat	Have successfully trialed the equipment;  AND
Note: This is not an all-inclusive list	<ul> <li>Exhibit ONE or more of the following medical conditions:         <ul> <li>Significant head and trunk instability and/or weakness</li> <li>Significant hypotonicity, hypertonicity, athetosis (writhing movements), ataxia (loss of muscle control/coordination), spasticity or muscle spasming which results in uncontrollable movement and position change</li> <li>Absence or latency of protective reactions</li> <li>Inability to maintain an unsupported sitting position independently</li> <li>Severe seizure activity that results in uncontrollable movement and position change (e.g., tonic-clonic seizures)</li> <li>Orthopedic disease processes resulting in significant bony fragility (e.g., osteogenesis imperfecta) or significant contracture that may result in a child's inability to perform postural corrections (e.g., arthrogryposis)</li> </ul> </li> </ul>
	<ul> <li>The therapeutic positioning seat for use in a vehicle is prescribed by a physician.</li> </ul>

Equipment	Medical Necessity
	<b>Note:</b> A child with Pierre Robin sequence or premature/small infants may need to be positioned in a car bed to maintain an open airway
Bath and toilet positioning	Bath and/or toilet positioning equipment may be considered
equipment	medically necessary for children who meet All the following
• Commodes/toileting	criteria:
devices	Are unable to sit safely on a conventional commode or in a
Bathing devices	bathtub or on a conventional bath bench or tub chair, or on a
	conventional shower chair or bench
	AND
	Require specialized positioning to safely perform essential
	activities of daily living as applicable for age (which includes
	hygiene tasks of bathing and toileting)
	AND
	Exhibit <b>ONE</b> or more of the following medical conditions:
	<ul> <li>Significant head and trunk instability and/or weakness</li> </ul>
	<ul> <li>Significant hypotonicity, hypertonicity, athetosis (writhing</li> </ul>
	movements), ataxia (loss of muscle control/coordination),
	spasticity, or muscle spasming which results in
	uncontrollable movement and position change
	<ul> <li>Absence or latency of protective reactions</li> </ul>
	<ul> <li>Inability to maintain an unsupported sitting position</li> </ul>
	independently
	AND
	<ul> <li>The bath and/or toilet positioning equipment is prescribed by a</li> </ul>
	physician

Equipment	Non-Covered
Non-covered positioning	The following positioning equipment is not covered as it is not
equipment	considered medical equipment:
	All other positioning cushions, pillows and wedges not used for
	the diagnoses listed above.
	Conventional car seats used to prevent injury to a child as
	required by law and community practice
	Feeding chairs or highchairs for children without positioning
	needs due to a medical condition



Equipment	Non-Covered
	<ul> <li>Positioning chairs that are marketed to or useful to the general population (e.g., recliners, corner chairs, stools, or benches)</li> <li>Bean bag positioning seats, as they do not offer the support of similar available alternatives (e.g., P-Pod positioning seat)</li> <li>Positioning seats that are not primarily intended for medical use, but are more for personal comfort or convenience</li> <li>Positioning seats that have special or extra-cost convenience features added (e.g., wheels)</li> <li>Positioning equipment that is primarily for the purpose of the member to perform leisure, recreation, or sports activities</li> <li>Positioning systems, including feeding chairs or highchairs for children who use other mobility devices (e.g., wheelchair) with positioning or support attachments are considered a duplication of service (e.g., Special Tomato seating system, Rifton activity chair, Squiggles seating system)</li> <li>Positioning seats for use in vehicles for children whose primary caregiver has a van equipped for wheelchair transportation is a duplication of service</li> <li>Vehicle modifications to accommodate positioning seats for use in a vehicle</li> </ul>

### **Documentation Requirements**

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the relevant history and physical that describe the child's specific functional disabilities that will be improved by the requested equipment.
- The child's ability to use and benefit from the equipment as detailed in a physical/occupational therapy evaluation which includes the rationale for selection of the specific product over available alternatives, trial of the device, and parent/caregiver education on its use.
- The ability of the device to support a growing child over time, including growth in height and weight

## Coding



Code	Description
СРТ	
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E1399	Durable medical equipment, miscellaneous

**Note**: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

### **Related Information**

Approval is generally limited to one positioning device every 2 years based on potential for growth (as applicable for age).

Positioning seats for use in a vehicle must meet Federal Safety standards and be reasonably able to accommodate a child's growth.

## **Consideration of Age**

A child will likely have different equipment needs than an adult with a similar diagnosis. This is due to the child's growth, activity level, and changes in physical and/or cognitive function as the child advances in age. These three factors affect equipment requirements. Activity level in a given day or a in a week may also be different than that of an adult with the same physical limitation. It is with these considerations in mind that this policy was created.

## **Benefit Application**

Please refer to the member's Plan booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this medical policy.

### **Evidence Review**



### Description

Specialized therapeutic chairs, seats, and seats used in vehicles enable a member with a physical disability or medical condition to perform essential activities of daily living related to the member's health and hygiene with minimal or no assistance from others, as applicable for their age. This specialized positioning equipment provides proper postural control, proper alignment, and proper support to optimize functional abilities and safety. Reflux wedges are used for infants diagnosed with severe gastroesophageal reflux.

## **Background**

Therapeutic positioning equipment is used to accommodate persons with physical handicaps. These devices are for children who cannot use conventional seats such as highchairs or booster seats to participate in essential activities of daily living (feeding, grooming, hygiene, and dressing) because of a medical condition. Therapeutic positioning seats assist in facilitating optimal positioning for children with physical disabilities, such as postural weakness or instability, by providing stability, support, maintenance of body alignment, and enhancement of the use of their hands for independent activities.

Therapeutic positioning seats for use in vehicles are used for children with special orthopedic or medical needs that cannot safely be met using conventional car seats, but continue to need special supports or vest harnesses, or their needs make conventional car seats medically inappropriate.

Reflux wedges are used for infants with severe gastroesophageal reflux.

### <u>References</u>

- American Academy of Pediatrics Committee on Injury and Poison Prevention. Transporting children with special health care needs. Pediatrics 1999; 104(4):988-992. PMID: 10506249. Available at: https://pediatrics.aappublications.org/content/143/5/e20190724 Revised May 1,2019. Accessed July 26, 2024.
- Rigby P, Ryan S, Campbell K. Effect of adaptive seating devices on the activity performance of children with cerebral palsy. Arch Phy Med Rehabil 2009; 90(8): 1389-1395. PMID: 19651273. Available at: https://www.archives-pmr.org/article/S0003-9993(09)00311-6/pdf Accessed July 26, 2024.



 Ryan S.E. Lessons learned from studying the functional impact of adaptive seating interventions for children with cerebral palsy.
 Dev Med Child Neurol 2016; 58 (4): 78-82. PMID: 27027612. Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/dmcn.13046 Accessed July 26, 2024.

## History

Date	Comments
03/01/19	New policy, approved February 12, 2019, effective June 7, 2019. Add to Durable Medical Equipment section. Children's positioning equipment may be considered medically necessary when criteria are met.
03/01/20	Annual Review, approved February 4, 2020. Policy reviewed. References updated. Policy statements unchanged.
06/01/21	Annual Review, approved May 4, 2021. Policy reviewed. References updated. Policy statements unchanged.
04/01/22	Annual Review, approved March 21, 2022. Policy reviewed. Policy statements unchanged.
11/01/22	Interim Review, approved October 11, 2022. Added bath and/or toilet positioning equipment may be considered medically necessary for children when criteria are met. Changed the wording from "patient" to "individual" throughout the policy for standardization.
08/01/23	Annual Review, approved July 11, 2023. Policy reviewed. Added policy statement that there has been a specialized seating/mobility evaluation performed by a therapist or a professional that is independent from the vendor supplying the equipment to medical necessity criteria. Added a policy statement that positioning equipment that is primarily for the purpose of the member to perform leisure, recreation, or sports activities is not covered.
09/01/24	Annual Review, approved August 12, 2024. Policy reviewed. No references added. Policy statements unchanged.

**Disclaimer**: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.

**Scope**: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to



the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.





#### Discrimination is Against the Law

LifeWise Assurance Company (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.isf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

#### Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-971-1491 (TTY: 711). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 800-971-1491 (TTY: 711)。 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-971-1491 (TTY: 711). 조의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-971-1491 (TTY: 711) 번으로 전화해 주십시오. ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-971-1491 (телетайп: 711). РАИNАWA: Кипд падзазаlita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Титаwаg sa 800-971-1491 (ТТҮ: 711). УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-971-1491 (телетайп: 711).

<u>ATTENTION</u>: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-971-1491 (ATS : 711). <u>UWAGA</u>: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-971-1491 (TTY: 711). <u>ATENÇÃO</u>: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-971-1491 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-971-1491 (TTY: 711).

عوجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 800-971-1491 (TTY: 711)