Children's Therapeutic Positioning Equipment

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.
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Medical Necessity</th>
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</thead>
</table>
| 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 | Therapeutic positioning seats may be considered medically necessary for children who meet ALL the following criteria:  
  • Are unable to sit safely in a conventional chair, booster seat or high chair, **AND**  
  • Require specialized positioning to safely perform essential activities of daily living as applicable for age; **AND**  
  • Exhibit **ONE** or more of the following medical conditions:  
    o Significant head and trunk instability and/or weakness  
    o Significant hypotonicity, hypertonicity, athetosis (writhing movements), ataxia (loss of muscle control/coordination), spasticity, or muscle spasming which results in uncontrollable movement and position change  
    o Absence or latency of protective reactions  
    o Inability to maintain an unsupported sitting position independently; **OR**  
    o Other significant positional needs that cannot be met in the conventional seats listed above.  
  **AND**  
  • The therapeutic positioning seat is prescribed by a physician |
| Note: This is not an all-inclusive list | **Note:** Positioning systems, including feeding chairs or high chairs for children who use other mobility devices (eg, wheelchair) with positioning or support attachments are considered a duplication of service (eg, Special Tomato seating system, Rifton activity chair, Squiggles seating system) and are not covered (see Non-Covered below). |
| Therapeutic positioning seats for use in vehicles | Therapeutic positioning seats for use in vehicles may be considered medically necessary for children who meet ALL the following criteria:  
  • Carrie safety car seat |
<table>
<thead>
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<tbody>
<tr>
<td>• Columbia Medical TheraPedic™ car seat</td>
<td>• Are unable to be properly supported safely in a vehicle during normal transport; <strong>AND</strong></td>
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<tr>
<td>• Gorilla postural car seat</td>
<td>• Have successfully trialed the equipment; <strong>AND</strong></td>
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<tr>
<td>• Snug Seat car seat</td>
<td>• Exhibit <strong>ONE</strong> or more of the following medical conditions:</td>
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<tr>
<td>• Special Tomato car seat</td>
<td>o Significant head and trunk instability and/or weakness</td>
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<tr>
<td></td>
<td>o Significant hypotonicity, hypertonicity, athetosis (writhing movements), ataxia (loss of muscle control/coordination), spasticity or muscle spasming which results in uncontrollable movement and position change</td>
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<td></td>
<td>o Absence or latency of protective reactions</td>
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<td></td>
<td>o Inability to maintain an unsupported sitting position independently</td>
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<td></td>
<td>o Severe seizure activity that results in uncontrollable movement and position change (eg, tonic-clonic seizures)</td>
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<td></td>
<td>o Orthopedic disease processes resulting in significant bony fragility (eg, osteogenesis imperfecta) or significant contracture that may result in a child’s inability to perform postural corrections (eg, arthrogryposis)</td>
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<tr>
<td></td>
<td><strong>AND</strong></td>
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<tr>
<td></td>
<td>• The therapeutic positioning seat for use in a vehicle is prescribed by a physician.</td>
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</tbody>
</table>

**Note:** A child with Pierre Robin sequence or premature/small infants may need to be positioned in a car bed to maintain an open airway

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Non-Covered</th>
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<tr>
<td>Non-covered positioning equipment</td>
<td><strong>The following positioning equipment is not covered as it is not considered medical equipment:</strong></td>
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<tr>
<td></td>
<td>• All other positioning cushions, pillows and wedges not used for the diagnosis listed above.</td>
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<td></td>
<td>• Conventional car seats used to prevent injury to a child as required by law and community practice</td>
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<td></td>
<td>• Feeding chairs or high chairs for children without positioning needs due to a medical condition</td>
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<td></td>
<td>• Positioning chairs that are marketed to or useful to the general population (eg, recliners, corner chairs, stools, or benches)</td>
</tr>
</tbody>
</table>
Equipment | Non-Covered
--- | ---
- Bean bag positioning seats, as they do not offer the support of similar available alternatives (eg, P-Pod positioning seat)
- Positioning seats that are not primarily intended for medical use, but are more for personal comfort or convenience
- Positioning seats that have special or extra-cost convenience features (eg, wheels)
- Positioning systems, including feeding chairs or high chairs for children who use other mobility devices (eg, wheelchair) with positioning or support attachments are considered a duplication of service (eg, Special Tomato seating system, Rifton activity chair, Squiggles seating system)
- Positioning seats for use in vehicles for children whose primary caregiver has a van equipped for wheelchair transportation is a duplication of service
- Vehicle modifications to accommodate positioning seats for use in a vehicle

Documentation Requirements

The patient’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

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
<td>E0190</td>
</tr>
<tr>
<td></td>
<td>Positioning cushion/pillow/wedge, any shape or size, includes all components and</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
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<tr>
<td>E1399</td>
<td>Durable medical equipment, miscellaneous</td>
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**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.
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 high chairs 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.

References


## History

<table>
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<tr>
<th>Date</th>
<th>Comments</th>
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<tr>
<td>03/01/19</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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). ©2020 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

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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
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PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.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.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building

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中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知可能有重要的日期。您可能需要在截止日期之前採取行動。以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):

Français (French):

Kreyòl ayisyen (Creole):

Deutsche (German):

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Tsab ntawv tsjaj xo no muaj cov ntshib lus tsæm ceeb. Tej zaum tsab ntawv tsjaj xo no muaj cov ntsib lus tsæm ceeb xog koj daim ntawv thov kev pbap los yoj koj qhv kev pbap cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tsæm ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kjuu yuaw ta uae yam uas peb kom koj uas tib phu hav cov caj nyong uas teev tseg rau hauv daim ntawv no mas koj thaj yuav taub basi kev pbap cuam koj kho mob los yoj kev pbap them tej ni jho kho mob ntawv. Koj muaj cai kom lawv muab cov ntshib lus no uas taw muab sau koj hom lus pub dawb rau koj. Hau rau 800-722-1471 (TTY: 800-842-5357).

Ilokano (Ilocano):
Daytoy a Pakdaar ket naglao iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglao iti napateg nga impormasion maiyanggep iti aplikasyonno yeno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a pelta iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga adda aldaw tapo napagtenaidyo ti coverage ti salun-atyo weno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagasasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Romanian (Romanian):