

## MEDICAL POLICY – 1.01.530

## Children's Therapeutic Positioning Equipment

Effective Date: Apr. 1, 2025  
Last Revised: Mar. 10, 2025  
Replaces: N/A

## RELATED MEDICAL POLICIES:

1.01.526 Durable Medical Equipment Repair/Replacement (Excluding Wheelchairs)  
1.01.529 Durable Medical Equipment  
10.01.517 Non-covered Services and Procedures

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## 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
<b>Reflux wedges</b>	<p><b>Reflux wedges are considered medically necessary for infants with severe gastroesophageal reflux when ALL the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• The reflux wedge is prescribed by a physician;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Documentation specifies the medical condition requiring the reflux wedge;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Other methods of positioning have been trialed and failed;</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Documentation supports other methods of positioning are contraindicated.</li> </ul>
<p><b>Therapeutic positioning seats</b></p> <ul style="list-style-type: none"> <li>• <b>Corner chairs</b></li> <li>• <b>Special needs feeder seats</b></li> <li>• <b>Carrie seat</b></li> <li>• <b>Special needs floor sitters (e.g., Special Tomato sitter)</b></li> <li>• <b>Special needs bolster chairs</b></li> </ul> <p><b>Note:</b> This is not an all-inclusive list</p>	<p><b>Therapeutic positioning seats may be considered medically necessary for children who meet ALL the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Are unable to sit safely in a conventional chair, booster seat or highchair,</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Require specialized positioning to safely perform essential activities of daily living as applicable for age;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Exhibit <b>ONE</b> or more of the following medical conditions: <ul style="list-style-type: none"> <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> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Other significant positional needs cannot be met in the conventional seats listed above.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The therapeutic positioning seat is prescribed by a physician</li> </ul> <p><b>AND</b></p>

Equipment	Medical Necessity
	<ul style="list-style-type: none"> <li>There has been a specialized seating/mobility evaluation performed by a therapist or a professional that is independent from the vendor supplying the equipment</li> </ul> <p><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).</p>
<p><b>Therapeutic positioning seats for use in vehicles</b></p> <ul style="list-style-type: none"> <li>Carrie safety car seat</li> <li>Columbia Medical TheraPedic car seat</li> <li>Gorilla postural car seat</li> <li>Snug Seat car seat</li> <li>Special Tomato car seat</li> </ul> <p><b>Note:</b> This is not an all-inclusive list</p>	<p><b>Therapeutic positioning seats for use in vehicles may be considered medically necessary for children who meet ALL the following criteria:</b></p> <ul style="list-style-type: none"> <li>Are unable to be properly supported safely in a vehicle during normal transport;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Have successfully trialed the equipment;</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Exhibit <b>ONE</b> or more of the following medical conditions: <ul style="list-style-type: none"> <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> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>The therapeutic positioning seat for use in a vehicle is prescribed by a physician.</li> </ul>

Equipment	Medical Necessity
	<p><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</p>
<p><b>Bath and toilet positioning equipment</b></p> <ul style="list-style-type: none"> <li>• <b>Commodes/toileting devices</b></li> <li>• <b>Bathing devices</b></li> </ul>	<p><b>Bath and/or toilet positioning equipment may be considered medically necessary for children who meet All the following criteria:</b></p> <ul style="list-style-type: none"> <li>• Are unable to sit safely on a conventional commode or in a bathtub or on a conventional bath bench or tub chair, or on a conventional shower chair or bench</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Require specialized positioning to safely perform essential activities of daily living as applicable for age (which includes hygiene tasks of bathing and toileting)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Exhibit <b>ONE</b> or more of the following medical conditions: <ul style="list-style-type: none"> <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> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The bath and/or toilet positioning equipment is prescribed by a physician</li> </ul>

Equipment	Non-Covered
<p><b>Non-covered positioning equipment</b></p>	<p><b>The following positioning equipment is not covered as it is not considered medical equipment:</b></p> <ul style="list-style-type: none"> <li>• All other positioning cushions, pillows and wedges not used for the diagnoses listed above.</li> <li>• Conventional car seats used to prevent injury to a child as required by law and community practice</li> <li>• Feeding chairs or highchairs for children without positioning needs due to a medical condition</li> </ul>

Equipment	Non-Covered
	<ul style="list-style-type: none"> <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
<b>CPT</b>	
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E1399	Durable medical equipment, miscellaneous

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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 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.

## References

1. 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 February 26, 2025.
2. 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](https://www.archives-pmr.org/article/S0003-9993(09)00311-6/pdf) Accessed February 26, 2025.



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4. 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 February 26, 2025
5. Acharya BD, Karki A, Prasertsukdee S, et al. Effect of adaptive seating systems on postural control and activity performance: a systematic review. *Pediatr Phys Ther*. 2023; 35(4):397-410. PMID: 37747975.

## 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.
04/01/25	Annual Review, approved March 10, 2025. Policy reviewed. 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). ©2025 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.

