

## **The Department of Vermont Health Access Clinical Criteria**

**Subject:** Adaptive Positioning Devices, Including Car Supports and Bed Supports

**Last Review:** May 24, 2023\*

**Past Revisions:** December 21, 2021, February 18, 2020, March 13, 2018, January 3, 2017, September 28, 2015, October 30, 2014, May 28, 2013, June 4, 2012, January 26, 2011, September 8, 2009, June 15, 2009, 2004

**\*Please note: Most current content changes will be highlighted in yellow.**

### **Description of Service or Procedure**

**Adaptive positioning seats** are seating devices other than wheelchairs, commodes/toileting devices, and bathing devices, specifically designed for members with specialized medical needs. The devices are for members who cannot use conventional seats in order to participate in basic activities of daily living (feeding, grooming, hygiene, and dressing) because of a medical condition. The adaptive positioning seat provides proper postural control, proper alignment, and proper support to optimize functional abilities and safety.

**Adaptive car supports** are safety and positioning devices specifically used for members with specialized medical needs when conventional car seats or seat belts cannot meet the medical need.

**Adaptive bed supports** are positioning devices specifically used for members with specialized medical needs such as prevention of contractures.

**None of these devices can be used as restraints. The purpose of these devices is to promote safety, alignment, and function.**

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2 Prior Authorization Determination



- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

### **Coverage Position**

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Adaptive positioning devices may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website\*, Statute, or rule who is knowledgeable regarding adaptive positioning devices and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

### **Coverage Criteria**

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An **adaptive positioning seat** may be covered for members who:

- Are not able to sit safely in a conventional chair, booster seat, or highchair, AND
- Require specialized positioning in order to safely perform basic activities of daily living, AND
- Have successfully trialed the device AND
- Exhibit one or more of the following medical condition(s):
  - Significant head and trunk instability and/or weakness
  - Significant hypotonicity, hypertonicity, athetosis, ataxia, spasticity, or muscle spasming which results in uncontrollable movement and position change
  - Absence or latency of protective reactions
  - Inability to maintain an unsupported sitting position independently
  - Other significant positional needs that cannot be met in the conventional seats listed above

An **adaptive car support** may be covered for members who:

- Are not able to safely use a conventional car seat OR exhibit behavioral manifestations of a documented medical condition that put the driver or member at risk of injury, AND
- Are not able to be properly supported and safe in the vehicle during normal transport, including turns, accelerations, decelerations, or riding over rough terrain without the requested device AND
- Have successfully trialed the device AND
- Exhibit one or more of the following medical condition(s):
  - Significant head and trunk instability and/or weakness
  - Significant hypotonicity, hypertonicity, athetosis, ataxia, spasticity, tremors, or muscle spasming which results in uncontrollable movement and position change
  - Absence or latency of protective reactions
  - Inability to maintain an unsupported sitting position independently
  - Severe seizure activity that results in uncontrollable movement and position change (such as tonic-clonic seizures)
  - Orthopedic disease processes resulting in significant bony fragility (for example: osteogenesis imperfecta) or significant contracture that would result in a member's

inability to perform postural corrections due to vehicle motion (for example: arthrogryposis)

- Behaviors that put the member or driver at risk of injury.

An **adaptive bed positioning system** may be covered for members who:

- Require specialized positioning in order to maximize proper alignment while in bed AND
- Have successfully trialed the device AND
- Exhibit one or more of the following medical condition(s):
  - Significant hypotonicity, hypertonicity, athetosis, ataxia, spasticity, or muscle spasming which results in uncontrollable movement and/or position change AND/OR
  - At risk for development of contracture and malalignment or has already developed contracture and malalignment
  - Other significant positional needs that cannot be met by conventional positioning methods

**Other information regarding adaptive positioning seats:**

**Adaptive positioning seats** with a seat- to- floor feature may be covered when the member requires access to the floor for self-transfers and to access their means of mobility (for example, a member who mobilizes through creeping or rolling and is able to self-transfer into the chair independently or with less than maximal assistance).

**Adaptive positioning seats** with a high-seat-to-low-seat feature may be covered when the member requires access to both higher and lower surfaces to accomplish their basic activities of daily living (for example, accessing the counter for eating and the sink for tooth brushing).

Freestanding positioning seats may be covered when a positioning seat that sits on a sturdy standard chair cannot meet the medical need.

Floor seats may be covered when a member requires the ability to perform activities of daily living at a floor level.

Proper evaluation for **adaptive positioning seats** must address issues including:

- Airway integrity
- Skin integrity
- Circulatory integrity
- Allowance of voluntary movement where it does not negatively impact safety
- Proper positioning
- Type of release mechanism, to ensure safety for members with behavioral and/or judgment issues
- The ability of the device to support the member properly despite seizure activity, athetosis, ataxia, or muscle spasms
- Transfers in and out of the device
- The ability of the device to support a growing child over time including growth in height and weight
- Parent/caregiver education: Parents/caregivers must always be advised that devices with straps, belts, or harnesses can result in danger of strangulation. Members should never be left alone with devices that have straps, belts or harnesses. Positioning seats can never be used as restraints

## **Other Information regarding adaptive car supports:**

### **Car supports include:**

- **Car seats**
- **Car beds** (for example, a child with Pierre Robin Sequence may need to be positioned in prone during car rides to maintain an open airway)
- **Harness systems** (for example, a child with autism may have impulse control issues and the harness will prevent injury to the driver or prevent elopement while the vehicle is in motion)

Many members with special medical needs can be safely supported in standard car seats or booster seats, which are not covered by Vermont Medicaid. The need for specialized adaptive car support must be demonstrated by a physician or advanced practice provider certificate of medical necessity, and a physical or occupational therapy evaluation with supporting documentation.

### **Adaptive car support** evaluation must address issues including:

- Airway integrity
- Skin integrity
- Circulatory integrity
- Allowance of voluntary movement where it does not negatively impact safety
- Proper positioning
- Type of release mechanism, to ensure the safety of members with behavioral and/or judgment issues
- The ability of the device to support the member properly despite seizure activity, athetosis, ataxia, or muscle spasms
- Transfers in and out of the device
- The ability of the device to support a growing child over time including growth in height and weight, and
- Parent/caregiver education: Parents/caregivers must always be advised that the rear seat is the safest location for children. Seat belts should always lie across the hips rather than the abdomen, and shoulder straps should always lie across the chest, not the neck or throat. Parents/caregivers must also be advised that properly used car seats are safer than transporting members in a wheelchair within the vehicle, even with special transit brackets affixed to the wheelchair.

Members with a tracheostomy should not be seated in car seats that have a tray or shield harness system. The American Academy of Pediatrics reports that these systems can block the airway of a child with a tracheostomy during a crash.

The prescribing medical practitioner and the DME provider must educate the family on proper positioning and proper usage of the adaptive car support per the manufacturer's specifications. Medical professionals are expected to periodically assess the family's needs for safe transportation of the member.

## **Other Information regarding adaptive bed supports:**

### **Adaptive bed support** evaluation must address issues including:

- Airway integrity
- Skin integrity
- Circulatory integrity
- Range of motion measurement

- Allowance of voluntary movement where it does not negatively impact safety or the purpose of the device
- Proper positioning
- The ability of the device to support the member properly despite seizure activity, athetosis, ataxia, or muscle spasms
- Transfers in and out of the device
- The ability of the device to support a growing child over time including growth in height and weight
- Parental education regarding entrapment and other bed hazards

Note that there is limited research in support of “sleep positioning systems” although there is a long history of the use of pillows, bolsters, and rolled towels and blankets to maximize alignment.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

#### **Clinical criteria for repeat service or procedure**

- When the device has been outgrown, OR
- When the device no longer meets the medical needs of the member, OR
- When the device is no longer functional through normal wear (expected to last at least 5 years), OR
- For adaptive car supports, replacement when the device has been in a motor vehicle accident that may have compromised its ability to protect the member.

#### **Type of service or procedure covered**

- Adaptive positioning devices including seats and bed supports and positioning components.
- Adaptive car supports including positioning components, including forward or backward facing seats, horizontal car beds, and vest harnesses for members with specialized medical needs.
- Car supports must meet Federal Safety standards, must be able to accommodate safety adaptations, and must be able to accommodate a pediatric member’s growth for DVHA coverage.
- Specific coding for a special needs car support is required if applicable.

#### **Type of service or procedure not covered (this list may not be all inclusive)**

- Positioning devices cannot be covered for the purpose of restraint
- Positioning seats will not be covered if the member’s wheelchair/mobility device can meet the medical need
- Positioning and car supports for members without specialized medical needs as described above
- Conventional seats and car seats
- Vehicle modifications to accommodate car seats

- Multiple positioning and car seats for one member

## **Coding guidelines**

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Note that the specific HCPCS code for positioning seats is only applicable for members with special orthopedic needs. For all other members, there is currently no other code more specific than the miscellaneous durable medical equipment HCPCS code.

## **References**

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- Bertolaccini, G., Nakajima, R.K., Filho, I., Paschoarelli, L.C., & Medola, F.O. (2016). The influence of seat height, trunk inclination and hip posture on the activity of the superior trapezius and longissimus. *Journal of Physical Therapy Science*, 28(5), 1602–1606. <https://doi.org/10.1589%2Fjpts.28.1602>
- Blake, S.F., Logan, S., Humphreys, G., Matthews, J., Rogers, M., Thompson-Coon, J., Wyatt, K., & Morris, C. (2015). Sleep positioning systems for children with cerebral palsy. *Cochrane Database of Systematic Reviews*, 11, Article CD009257. <https://doi.org/10.1002%2F14651858.CD009257.pub2>
- Brolin, K., Stockman, I., Andersson, M., Bohman, K., Gras, L., & Jakobsson, L. (2015). Safety of children in cars: A review of biomechanical aspects and human body models. *IATSS Research*, 38. Retrieved December 5, 2016 from: <http://www.sciencedirect.com/science/article/pii/S0386111214000260>  
<https://doi.org/10.1016/j.iatssr.2014.09.001>
- Casey, J., Rosenblad, A., & Rodby-Bousquet, E. (2020). Postural asymmetries, pain, and ability to change position of children with cerebral palsy in sitting and supine: A cross-sectional study. *Disability and Rehabilitation*, 44(11), 2363-2371. <https://doi.org/10.1080/09638288.2020.1834628>
- Centers for Medicare and Medicaid Services. (n.d). *Early and periodic screening, diagnostic, and treatment*. Medicaid.gov. <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>
- Durbin, D.R. & Hoffman, B.D. (2018). Child passenger safety. *Pediatrics*, 142(5), Article e20182460. <https://doi.org/10.1542/peds.2018-2460>
- Humphreys, G. et al (2019). Sleep positioning systems for children and adults with a neurodisability: a systemic review. *British Journal of Occupational Therapy*, 82(1), 5-14. <https://doi.org/10.1177/0308022618778254>
- Nicholl, H. (2013). ‘Going between worlds’: Travelling with children with complex needs. *Journal Child Health Care*, 19(3). doi: 10.1177/1367493513508233
- O’Neil, J. & Hoffman, B.D. (2018). School bus transportation of children with special health care needs. *Pediatrics*, Volume 141(5), Article e20180513. <https://doi.org/10.1542/peds.2018-0513>
- O’Neil, J. & Hoffman, B.D. (2019). Transporting children with special health care needs. *Pediatrics*, 143(5), Article e20190724. <https://doi.org/10.1542/peds.2019-0724>

- O'Neil, J., Yonkman, J., Talty, J., & Bull, M.J. (2009). Transporting children with special health care needs: Comparing recommendations and practice. *Pediatrics*, *124*(2), 596–603. <https://doi.org/10.1542/peds.2008-1124>
- Perez-de la Cruz, S. (2017). Cerebral palsy and the use of positioning systems to control body posture: Current practices. *Neurologia*, *32*(9), 610-615. <https://doi.org/10.1016/j.nrleng.2015.05.015>
- Rhee, I., Do, W., Park, K., Park, B., & Kim, H. (2021). Hip-spine syndrome in patients with spinal cord injuries: hyperlordosis associated with severe hip flexion contracture. *Frontiers in Pediatrics*, *9*. <https://doi.org/10.3389/fped.2021.646107>
- Ryan, S.E. (2016). Lessons learned from studying the functional impact of adaptive seating interventions for children with cerebral palsy. *Developmental Medicine & Child Neurology*; *58*(4). <https://doi.org/10.1111/dmcn.13046>
- Schmidt, K., Briesemeister, M., Cerdi, L., & Ries, K. (2014). Changes in mandibular and cervical motor control of children with cerebral palsy. *CEFAC*, *16*(1), 228-235. <https://doi.org/10.1590/1982-0216201412812>
- Shin, H.W., Byeon, E.J., & Kim, S.H. (2015). Effects of seat surface inclination on respiration and speech production in children with spastic cerebral palsy. *Journal of Physiological Anthropology*, *34*(17). <https://doi.org/10.1186/s40101-015-0057-3>
- Tariq, H., Collins, K., Tait, D., Dunn, J., Altaf, S., & Porter, S. (2022). Factors associated with joint contractures in adults: A systematic review with narrative synthesis. *Disability and Rehabilitation*. <https://doi.org/10.1080/09638288.2022.2071480>
- Tomasz, K., Jacek, K., Klaudia, K., & Jaroslaw, P. (2020). Knee problems connected with incorrect positions of sitting. *Journal of Orthopaedic Science and Research*, *1*(1), 1-13. <http://dx.doi.org/10/468889/JOSR.2020.1101>
- Ukita, A., Nishimura, S., Kishigami, H., & Hatta, T. (2016). Backrest shape affects head-neck alignment and seated pressure. *Journal of Healthcare Engineering*, *6*(2), 179-192. <https://doi.org/10.1260/2040-2295.6.2.179>

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