

The Department of Vermont Health Access Clinical Criteria

Subject: Positioning cushions or wedges other than wheelchair cushions

Last Review: May 24, 2023*

Past Revisions: April 5, 2022, July 22, 2020, May 5, 2017, February 4, 2016, February 20, 2015, and February 25, 2014

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

Description of Service or Procedure

Specialized medical positioning cushions or wedges, specifically used for positioning when conventional commercially available cushions, wedges, or pillows do not meet the medical need. This criteria does not apply to wheelchair cushions. This criteria also does not apply to adaptive positioning devices such as sleep positioning systems, activity chairs, or car seats. Please see the DVHA Adaptive Positioning Devices criteria, available at: <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains 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>

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| 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

Positioning cushions or wedges 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 positioning, 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

A specialized medical positioning wedge or cushion may be covered for members who:

- Require positioning in a device, other than a wheelchair, for proper alignment in a seated position or in bed, for proper breathing, postural alignment, and/or for proper preservation of skin integrity, AND
- Are not able to be properly supported by conventional/commercially available positioning devices including wedges, pillows, or cushions, AND
- Require a specialized medical positioning wedge or cushion to meet the medical need and where the device is the least expensive, medically appropriate device AND
- Where use of the device is not medically contraindicated AND
- Exhibit the following medical condition(s):
 - Severe head, limb, and/or trunk instability and/or weakness, AND/OR
 - Severe difficulty with breathing unless propped in a more upright position while in bed, where a hospital bed is not medically required, AND/OR
 - Inability to maintain an unsupported sitting position independently in a seat other than a wheelchair.

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 or when the useful lifetime has been reached (HCAR Rule 4.209). See the DME limitation list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>.

Type of service or procedure covered

Specialized medical positioning wedges or cushions. The procedure code includes all components and accessories. The device may be covered when it is the least expensive medically appropriate device that meets the medical need. For example, a wedge instead of a hospital bed.

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

- Wedges or cushions for members who do not have specialized positioning needs as described above.
- Conventional/commercially available wedges, pillows, or cushions.
- Wedges or cushions for the sole purpose of comfort or convenience of the member.
- Multiple positioning wedges or cushions for one member.

Coding guidelines

There is a specific code for this item. Vendors must not use generic coding. This item is NOT on the list of Medicare non-covered items, located at:

<https://med.noridianmedicare.com/web/jddme/topics/noncovered-items>.

Vendors must bill Medicare for dual eligible members or submit proof of Medicare noncoverage.

References

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