VERMONT

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The Department of Vermont Health Access Clinical Criteria

Subject: Positioning cushions or wedges other than wheelchair cushions
Last Review: July 22, 2020*
Past Revisions: 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 guideline does not apply to wheelchair cushions.

Disclaimer

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

Medicaid Rule

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

Medicaid Rules
- 7102.2 Prior Authorization Determination
- 7103 Medical Necessity

Health Care Administrative Rules
- 4.209 Durable Medical Equipment

Coverage Position

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

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described in their Vermont State Practice Act, Statute, or rule who is knowledgeable regarding positioning, and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.

Coverage Criteria

A specialized medical positioning wedge or cushion may be covered for beneficiaries 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 where the devices the least expensive, medically appropriate device 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
    - Severe misalignment in bed or when it is medically required to be positioned in a seat other than a wheelchair, 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) exception: 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.

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 beneficiary, OR
- When the device is no longer functional through normal wear (expected to last at least 5 years).

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

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 beneficiaries.

References

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