



## PROVIDER POLICIES & PROCEDURES

### THERAPEUTIC POSITIONING EQUIPMENT

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for therapeutic positioning equipment. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Individuals with chronic disabilities, such as cerebral palsy may require therapeutic positioning equipment to assist in their activities of daily living. Some examples include feeding chairs, booster chairs, specialized seats for use in vehicles, and bath/shower positioning equipment. Infants with severe gastroesophageal reflux may require a reflux wedge for symptom management.

#### CLINICAL GUIDELINE

Coverage guidelines for therapeutic positioning equipment are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

#### Positioning Wedges

The use of positioning wedges may be considered medically necessary in infants with severe gastroesophageal reflux when the following criteria are met:

- A. The wedge has been prescribed by a physician; and
- B. Other alternate methods of positioning have been tried and failed or there is medical documentation clearly indicating that alternate methods of positioning are contraindicated for the infant.

#### Therapeutic Positioning Equipment – General Criteria

Therapeutic positioning equipment may be considered medically necessary for individuals when the following criteria are met:

- A. One or more of the following indications is present:
  1. Significant head and trunk instability or weakness; or
  2. Documentation of physical exam findings consistent with neuromuscular impairment (e.g., hypotonicity, hypertonicity, athetosis, ataxia, spasticity, or muscle spasm); or
  3. Impairment in protective reflexes; or
  4. Severe seizure activity; or
  5. Orthopedic condition resulting in significant bony fragility or significant contracture; or
  6. Inability to independently maintain an unsupported sitting position; and
- B. Therapeutic positioning equipment is ordered by a physician; and
- C. A therapy evaluation has been completed by a physical therapist or occupational therapist that is

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- independent from the vendor supplying the equipment; and
- D. The individual has demonstrated success in using the equipment.

### **Therapeutic Positioning Seats**

Therapeutic positioning seats (e.g., corner chairs, feeder seats, activity chair, floor sitters, booster chairs for individuals with special needs) may be considered medically necessary for individuals when the following criteria are met:

- A. *Therapeutic Positioning Equipment – General Criteria* is met; and
- B. The individual is unable to sit safely in a conventional chair, booster seat, or highchair; and
- C. The individual requires specialized positioning to safely perform essential activities of daily living.

### **Therapeutic Positioning Seats for Use in Vehicles**

Therapeutic positioning seats for use in vehicles may be considered medically necessary for individuals when the following criteria are met:

- A. *Therapeutic Positioning Equipment – General Criteria* is met; and
- B. The individual is unable to be properly supported safely in a vehicle during normal transport; and
- C. The requested positioning equipment fits in the individual's vehicle.

### **Non-Covered**

The following equipment is typically not covered as the items are not considered medical equipment. Requests for these items will be reviewed on a case-by-case basis and may be covered if there is documentation supporting medical necessity.

- All other positioning cushions, pillows and wedges not used for the diagnosis listed above.
- Conventional car seats used to prevent injury to a child.
- Feeding chairs or highchairs for children without positioning needs secondary to a medical condition.
- Positioning chairs that are marketed to or useful to the general population, in absence of a medical condition (e.g., recliners, corner chairs, stools, or benches).
- Bean bag positioning seats, as they do not offer the support of similar available alternatives (e.g., P-Pod positioning seat).
- Positioning seats that are not primarily intended for medical use but rather personal comfort.
- Positioning equipment that is primarily for the purpose of the member to perform leisure, recreation, or sports activities.
- Vehicle modifications to accommodate positioning seats for use in a vehicle.

### **NOTE: EPSDT Special Provision**

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

### **PROCEDURE**

Prior authorization for therapeutic positioning equipment is required. Requests for coverage are reviewed

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in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

**The following information is needed to review requests for therapeutic positioning equipment:**

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP); and
3. Documentation from the requesting physician supporting the medical necessity of the therapeutic positioning equipment (i.e., how the requested equipment will result in functional improvements for the individual) including a detailed history and physical that describes the functional limitations dated within 12 months of the request; and
4. A therapy evaluation from an OT/PT that includes a description of the individual’s ability to use and benefit from the equipment and rationale for selection of the specific piece of equipment over other available alternatives, justification for the medical need for all requested components, a description of the device trial/simulation, and patient/parent/caregiver education.

**EFFECTIVE DATE**

This policy for the prior authorization for therapeutic positioning equipment for individuals covered under the HUSKY Health Program is effective February 01, 2024.

**LIMITATIONS**

Not Applicable

**CODE:**

Code	Description
E1399	Durable medical equipment, miscellaneous

**DEFINITIONS**

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut’s implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes

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and such coverage is substantially less than the full Medicaid coverage.

7. **HUSKY Plus Physical Program (or HUSKY Plus Program):** A supplemental physical health program pursuant to Conn. Gen. Stat. § 17b-294, for medically eligible members of HUSKY B in Income Bands 1 and 2, whose intensive physical health needs cannot be accommodated within the HUSKY Plan, Part B.
8. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
9. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## REFERENCES

- 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> Accessed on 12/11/2023.
- Rigby PJ, Ryan SE, Campbell KA. Effect of adaptive seating devices on the activity performance of children with cerebral palsy. *Arch Phys Med Rehabil*. 2009;90(8):1389-1395. doi:10.1016/j.apmr.2009.02.013
- Ryan SE. Lessons learned from studying the functional impact of adaptive seating interventions for children with cerebral palsy. *Dev Med Child Neurol*. 2016;58 Suppl 4:78-82. doi:10.1111/dmnc.13046

## PUBLICATION HISTORY

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