



MEDICAL POLICY STATEMENT

Arkansas PASSE

| Policy Name & Number | Date Effective |
|---|----------------|
| Adaptive Seating for Special Needs-AR PASSE-MM-1740 | 05/01/2026 |
| Policy Type | |
| MEDICAL | |

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Adaptive Seating for Special Needs

B. Background

Cerebral palsy, developmental delays, Down Syndrome, and other health conditions may compromise an individual's ability to maintain a sitting posture, muscle tone, and movement. Depending on the severity and type of health condition, individuals may require support for the head, trunk, pelvis, and legs limiting the ability to interact with others, eat, dress, work, and play. In addition, stability and strength for mobility or transfers may be lacking.

There are many types of adaptive seating with different support systems. There is not one device that will meet the needs of all users. Some are requested as alternate positioning outside of a wheelchair. Some are used more for lounging. Others provide to improve participation in functional activity, peer and family interactions and play.

Adaptive seating systems (AdSS) may be used by individuals to achieve and hold an upright sitting position, enabling individuals to engage with others and conduct activities of daily living. AdSS can be individualized to meet the unique needs of the person with accessories that allow the seats to tilt, adjust seat height, increase posture support, transfers, and grant limited mobility in the local environment.

C. Definitions

- **Adaptive Desks** – Generally considered furniture and used to support physical and educational needs in a school setting.
- **Adaptive Seating Systems (AdSSs)** – Equipment designed to improve safety, efficiency of movement, and optimize positioning while promoting active participation in daily activities. There are 2 types:
 - **Activity Chairs** – Seats that optimize positioning (eg, adaptive chairs, special needs chairs, pediatric positioning chairs, sitters, and therapy chairs).
 - **High-Low Chairs** – Height adjustable seats that secure the individual at the midline with adjustable trunk support, shoulder straps, and hip belts.
- **Adaptive Strollers** – Strollers with increased seating and positioning options than a basic stroller.

D. Policy

I. Adaptive Seating Systems (AdSS) and Accessories

A. Adaptive Seating Systems

A review of medical necessity must occur prior to purchase/delivery of the item. CareSource considers AdSS medically necessary when **ALL** the following clinical criteria are met and documented:

1. A signed prescription valid for 1 year is written by any of the following providers with an established relationship with the beneficiary and appropriate certifications or training with a completed face-to-face encounter:
 - a. physician

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- b. advanced practice registered nurse
 - c. physician assistant
 2. The beneficiary cannot safely sit in conventional seating due to a medical condition, modifications to the beneficiary's current seating equipment cannot meet their needs, and at least 1 of the following criteria:
 - a. significant head and/or trunk instability or weakness with decreased motor control
 - b. requires external support to maintain an upright position and proper body alignment
 - c. has no functional protective or righting reaction
 - d. must be in an upright supported position for safe and effective feeding and would otherwise have to be held by the caregiver for feeding
 - e. severe seizure activity
 - f. orthopedic condition resulting in significant bony fragility or significant fracture
 3. A physical therapist (PT) or occupational therapist (OT) experienced in an appropriate specialty and independent from the equipment vendor completed an evaluation and documented that the member can benefit from and safely use the item requested.
 - a. A trial of the equipment must be completed to ensure member can safely use the requested seat and the goals of the seat can be achieved.
 - b. Caregiver education on the use of the equipment must be completed with demonstrated safe use.
 - c. Improvement of function due to the equipment must be documented.
 - d. Other equipment used by the member needs to be listed as part of the evaluation (ie, wheelchairs, standers, gait trainers, other seating).
 4. The beneficiary can safely use the AdSS in the home setting.
 5. Any person-centered service plans for the beneficiary, when applicable, must list use of AdSS.
 6. A complete description of the item requested, including:
 - a. manufacturer
 - b. model of style
 - c. size
 - d. all bundled components
 - e. any accessories or not-included components
 - f. any itemization of all charges
- B. Accessories
1. Accessories are considered medically necessary when providing additional functional support than that offered by a chair alone and any of the following criteria are met:
 - a. cannot maintain head control in an upright position
 - b. unable to perform a functional weight shift requiring relief to prevent pressure injuries
 - c. needs additional trunk support that is not provided by the chair alone
 - d. changes in muscle tone affecting body tilt or needs additional support for proper digestion or avoidance of severe gastroesophageal reflux

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- e. needed for independent movement in and out of the chair or repositioning the chair to complete daily activities

II. Exclusions and Limitations

- A. AdSS does not include **ANY** of the following:
 - 1. adaptive desks
 - 2. adaptive strollers
 - 3. any items not meeting the medical necessity criteria in this policy
- B. Duplicative equipment is excluded. Equipment with the same function as an existing AdSS will not be reviewed for medical necessity.
- C. AdSS must be the lowest cost alternative that addresses the beneficiary’s health condition.
- D. AdSS is for the benefit of the beneficiary and not for any caregiver, family member, or provider convenience.
- E. Waiver codes for adaptive seating will only be considered with documentation/evidence that DME options have been exhausted.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

| DATE | | ACTION |
|-----------------------|------------|--|
| Date Issued | 05/07/2025 | New policy. Approved at Committee. |
| Date Revised | 01/28/2026 | Annual review. Updated background, D.I.A.3. and references. Approved at Committee. |
| Date Effective | 05/01/2026 | |
| Date Archived | | |

H. References

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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Independent medical review – December 2024