



Policy: GG.1515
Title: **Criteria for Medically Necessary Automobile Orthopedic Positioning Devices**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 05/23/2024

Effective Date: 05/01/1999

Revised Date: 05/01/2024

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the Durable Medical Equipment (DME) guidelines and Medical Necessity criteria for reimbursement of Medically Necessary Automobile Orthopedic Positioning Devices (AOPD) provided to Members.

II. POLICY

- A. An AOPD is a Covered Service under the Whole-Child Model (WCM) program or the CalOptima Health Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services program when the device meets the criteria and conditions set forth in this Policy.
- B. Purchase of an AOPD shall require Prior Authorization by CalOptima Health or the Member's Health Network to be eligible for reimbursement.
- C. CalOptima Health or a Health Network shall provide reimbursement for only one (1) AOPD per Member.
- D. A request for reimbursement of an AOPD shall be accompanied by all required documentation.
- E. CalOptima Health or a Health Network shall not authorize the purchase of standard commercially available car seats, vests, or harnesses that are required by California state law for children under six (6) years of age and under sixty (60) pounds.
- F. CalOptima Health or a Health Network will review for Medical Necessity and, if indicated, will authorize the purchase of an AOPD for children that require a specially adapted AOPD because of a medical condition, under the EPSDT services program.
- G. CalOptima Health or a Health Network will review for Medical Necessity and, if indicated, will authorize the purchase of an AOPD for CCS-eligible individuals enrolled in the WCM program, in accordance with CalOptima Health Policy GG.1101: California Children's Services (CCS)/Whole-Child Model – Coordination with County CCS Program.
 - 1. For WCM members, an AOPD shall be evaluated for Medical Necessity in accordance with all current CCS DME Guidelines as provided in CCS Numbered Letters.

III. PROCEDURE

A. CalOptima Health and its Health Networks shall utilize the following criteria when determining the Medical Necessity of an AOPD:

1. Car Seats

- a. Medical Necessity: The Member requires maximal to moderate postural support to maintain a safe sitting position during transportation.
- b. Criteria:
 - i. The Member shall be over four (4) years of age;
 - ii. The Member shall be either over forty (40) pounds, or over forty (40) inches in height; and
 - iii. The Member shall meet at least one (1) of the following criteria:
 - a) The Member has a moderate to minimal trunk control or sitting ability, moderate to minimal lateral head control, and requires total postural support;
 - b) The Member is at risk for breathing complications as a result of poor trunk control or alignment; or
 - c) The Member has a skeletal deformity that requires total postural support for safe transportation.
- c. Related Considerations
 - i. The Member's height, width, or physical deformity precludes use of a commercially available car seat.
 - ii. A harness, or vest, will not provide the Member with enough stability to remain in proper alignment or allow for safe transport.
 - iii. The Member cannot be transported in a wheelchair because the family does not own an appropriate vehicle to allow transport in a wheelchair.

2. Harnesses or Vests

- a. Medical Necessity: The Member requires maximal to moderate postural support to maintain a safe sitting position during transportation.
- b. Criteria
 - i. The Member shall be over four (4) years of age;
 - ii. The Member shall be over forty (40) pounds or over forty (40) inches in height; and
 - iii. The Member shall at least one (1) of the following criteria:

- a) The Member has a moderate to minimal trunk control sitting ability, moderate to minimal lateral head control, and requires total postural support;
- b) The Member is at risk for breathing complications as a result of poor trunk control or alignment;
- c) The Member has a skeletal deformity that requires total postural support for safe transportation; or
- d) The Member requires transportation in other than an upright position due to deformity or surgical corrections.

c. Related Considerations

- i. The Member's physical deformity or trunk instability precludes use of a standard seat belt or commercially available vest, or harness.
- ii. A standard seat belt, or commercially available vest/harness, will not provide the Member with enough stability to remain in proper alignment, or allow for safe transport.
- iii. The Member cannot be transported in a wheelchair because the family does not own an appropriate vehicle to allow transport in a wheelchair.

B. A request for reimbursement of an AOPD shall be accompanied by:

- 1. A current prescription provided by the physician of the appropriate specialty for treating the child's condition that the device is intended to address;
 - a. For children whose CCS-Eligible Condition is the condition necessitating the AOPD, the prescribing physician shall be CCS-paneled.
- 2. A current medical report that justifies the Medical Necessity of the item requested; and
- 3. A current physical therapy or occupational therapy, assessment that addresses the criteria as defined in Section III.A. of this Policy and includes:
 - a. Physical findings;
 - b. Functional status related to the DME item requested; and
 - c. A home, school and community accessibility assessment, if indicated.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. California Children's Services (CCS) Numbered Letter (NL) 09-0703: Revised CCS Guidelines for Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R)

- B. California Children's Services (CCS) Numbered Letter (NL) 17-1199: Automobile Orthopedic Positioning Devices (AOPDs)
- C. California Vehicle Code, § 27360
- D. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- E. CalOptima Health Policy GG.1101: California Children's Services (CCS) Whole Child Model – Coordination with County CCS Program
- F. Department of Health Services (DHCS) All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- G. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-034: California Children's services Whole Child Model Program (Supersedes APL 21-005)
- H. Title 22, California Code of Regulations (CCR), §§ 51321 and 51160

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
04/04/2019	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/1999	GG.1515	Criteria for Medically Necessary Car Seats	Medi-Cal
Revised	05/01/2007	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	11/01/2015	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	10/01/2016	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	08/01/2017	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	04/04/2019	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	08/01/2020	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	07/01/2021	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	11/01/2022	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	12/31/2023	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal
Revised	05/01/2024	GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices	Medi-Cal

IX. GLOSSARY

Term	Definition
Automobile Orthopedic Positioning Devices (AOPD)	A non-standard positioning device (car seat and/or harness/vest) for use in a motor vehicle. An AOPD is designed to hold a larger child (over forty (40) pounds or over forty (40) inches in length) who requires positioning options such as pads that assist in head and trunk positioning while being transported in a motor vehicle. An AOPD is not a standard, commercially available car seat, booster seat, or harness that is required by California state law for children under four (4) years of age and under forty (40) pounds.
California Children's Services (CCS)-Eligible Conditions	An individual identified as a single point-of-contact responsible for the provision of case management services and facilitation of Care Coordination for a Member receiving services under the California Children's Services (CCS) Program.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health	For purposes of this policy, CalOptima Health shall include both CalOptima Health Direct and CalOptima Health Community Network (CCN).
Covered Services	<p>Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services);

Term	Definition
	<ol style="list-style-type: none"> 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.

Term	Definition
Durable Medical Equipment (DME)	Medically Necessary medical equipment as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than twenty-one (21) years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Medical Necessity or Medically Necessary	Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under twenty-one (21) years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under twenty-one (21) years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Prior Authorization	A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.