



HSCSN Medical Necessity Criteria & Authorization Requirements

Activity Chairs

Version 5/5/2025

Approved 5/6/2025

Background:

An **activity chair** is a type of durable medical equipment (DME) that is a versatile and adaptive seating solution designed to support individuals with various physical, behavioral and/or sensory needs. These chairs are often used in healthcare settings and homes to provide customized, adaptive seating that can be adjusted for different activities and therapeutic purposes.

Key Features of an Activity Chair:

- **Adjustability:** Activity chairs can be adjusted in height, tilt, and/or recline without tools, allowing for quick and easy modifications to meet the user's needs.
- **Supportive Components:** They often include features like headrests, arm supports, footboards, and harnesses to ensure proper positioning and comfort. They may include features to provide pressure relief.
- **Mobility:** Some models come with wheels and brakes for easy movement and stability.

Uses for Patients:

- **Adaptive Seating:** An activity chair provides postural supports to promote improved function and participation in activities of daily living.
- **Therapy and Rehabilitation:** Activity chairs are used in physical therapy, occupational therapy, feeding therapy and other rehabilitation to help patients perform therapeutic activities safely and comfortably.
- **Daily Activities:** They can be adjusted for life activities such as feeding, homework, and social interaction, improving function and promoting independence and inclusion.

These chairs are particularly beneficial for patients with conditions such as cerebral palsy, other physical disabilities, and some children with autism spectrum disorders, offering a supportive and adaptable seating option that enhances their quality of life

I. Specific Requirements for Requesting an Authorization of an Activity Chair

- An authorization request for an activity chair must include the following:
 - Signed referral/order from a licensed physician/nurse practitioner for an activity chair done within the past 6 months.
 - Documentation of a face-to-face visit with the prescriber within the past 6 months.

- Evaluation by a licensed PT or OT recommending an activity chair.
- An Assistive Technology Professional (ATP) is part of the evaluation process and involved in making recommendations regarding a specific product.
- Coded quote from the Durable Medical Equipment (DME) provider.
- Detailed written order
- If a referral/order for an activity chair is sent to HSCSN directly by a physician/nurse practitioner, HSCSN will refer the enrollee to the Children's National Rehabilitation & Specialized Care (RSC) Assistive Technology Clinic for evaluation.
- Documentation submitted needs to include the following:
 - Detailed evaluation of the enrollee including disability, mobility impairments, cognitive impairments, communication impairments, and any behavioral concerns.
 - Explanation of why standard furniture cannot meet the needs of the enrollee.
 - Rationale for an activity chair and the specific equipment that was recommended.

An authorization request for specific equipment must come from an in-network DME provider.

II. Medical Necessity Criteria for an Activity Chair:

- **Age:** The enrollee must be 2 or more years of age.
- **Diagnosis:** Enrollee must have a diagnosis established by a qualified healthcare provider that supports medical necessity and is consistent with the rationale for the activity chair.
- **Referral:** The enrollee must be referred for an adaptive chair by a treating physician/nurse practitioner.
- **Evaluation:** The enrollee must be evaluated by a licensed physical or occupational therapist who recommends an adaptive safety bed. The enrollee must also be evaluated by an Assistive Technology Professional (ATP) to aid in making specific recommendations regarding an adaptive bed or alternative DME.
- **Rationale for an Activity Chair** (one or more):
 - Need for adaptive seating and postural supports
 - Need for support due to challenging behaviors.
- If enrollee has a customized wheelchair, then reasons must be given why an activity chair is needed in addition to a wheelchair (one or more):
 - Wheelchair is not configured to meet positioning needs for feeding (eating by mouth) or other ADLs
 - Wheelchair cannot be brought into the home for a good reason
- If enrollee has previously received an activity chair, then there must be a statement that the previous activity chair is outgrown or is in disrepair and cannot be fixed.
- Enrollee cannot use commercially-available furniture to meet the need for seating.
- The enrollee was evaluated in an equipment clinic by a therapist and by the DME provider.
- The activity chair was trialed prior to ordering.
- The activity chair is expected to last 3 or more years.
- The activity chair is not being ordered solely for the convenience of the enrollee or caregiver.

- More than one activity chair is not medically necessary and considered a convenience item.

III. Reference Information

- HSCSN Policy UM_10 Medical Necessity Criteria Development, Evaluation, and Approval
- HSCSN Policy UM_17 Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies: Management and Oversight
- EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, Centers for Medicare & Medicaid, June 2014.

**For more information, visit hscsnhealthplan.org.
For reasonable accommodations, please call (202) 467-2737**

ENGLISH

If you do not speak and/or read English, please call (202) 467-2737.
A representative will assist you.

SPANISH

Si no habla ni lee inglés, llame al (202) 467-2737. Un representante lo asistirá.

VIETNAMESE

Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi (202) 467-2737.
Một người đại diện sẽ hỗ trợ quý vị.'

AMHARIC

እንግሊዘኛ መናገር/ወይም መንበብ ካልቻሉ፣ እባክዎ በዚህ ስልክ ቁጥር (202) 467-2737.
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KOREAN

영어를 구사하지 못하시거나 읽지 못하는 경우, (202) 467-2737.
중에 연락해 주십시오. 상담원이 도움을 드릴 것입니다.

FRENCH

Si vous ne parlez pas et / ou ne lisez pas l'anglais, appelez le (202) 467-2737.
Un représentant vous aidera.

ARABIC

الممثلين أحد. (202) 467-2737 برقم الاتصال فيرجى، الإنجليزية تقرأ أو/و تتحدث لا كنت إذا

MANDARIN

如果您不会说和/或读英语，请致电(202) 467-2737。我们的服务代表将为您提供协助。

RUSSIAN

Если вы не говорите и / или не читаете по-английски, звоните по телефону

BURMESE

သငျသည့်အင်္ဂလိပ်စကားပြောနှင့် / သို့မဟုတ်စာမဖတ်ကြဘူးဆိုရငျ, (202) 467-2737.
ကိုခေါ်ပါ။ တစ်ဦးကကိုယ်စားလှယ်သင်ကူညီကြလိမ့်မည်.

CANTONESE

如果您不會說和/或讀英語，請致電 (202) 467-2737。我們的服務代表將為您提供協助。

FARSI

اگر انگلیسی صحبت نمی کنید/نمی خوانید، لطفاً بین ساعات
با شماره تماس بگیرید. یکی از نمایندگان ما به شما کمک خواهد کرد

POLISH

Osoby, które nie potrafią mówić lub czytać po angielsku, mogą zadzwonić na numer (202) 467-2737.
aby skorzystać z pomocy konsultanta.

PORTUGUESE

Caso você não fale/leia em inglês, ligue para (202) 467-2737. Um representante o ajudará.

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲਦੇ ਅਤੇ/ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਰਪਯਾ ਕਰਕੇ ਦੇ ਕਿਚਕ ਰ (202) 467-2737
ਉੱਤੇ ਕਲ ਕਰੋ। ਇੱਕ ਪਰਤੀਕਨਧ ਤੁਹਡੀ ਸਹ ਇਤ ਕਰੇਗ।

HAITIAN CREOLE

Si ou pa pale ak/oswa li Angle, tanpri rele (202) 467-2737. Yon reprezantan ap ede w.

HINDI

यदि आप अंग्रेज़ी बोलते और/या पढ़ते नहीं, कृपया 8 a.m.-6 p.m. के बीच (202) 467-2737
पर कॉल करें। एक प्रतिनिध आपकी सहायता करेगा।

SOMALI

Haddii aadan ku hadlin iyo/ama qorin luuqada Ingiriiska, fadlan wac lambarkan (202) 467-2737.
wakiil ayaa ku caawin doona.

HMONG

Yog tias koj tsis hais thiab/lossis nyeem tau Lus As Kiv, thov hu rau (202) 467-2737.
Ib tug neeg sawv cev yuav pab tau koj.

ITALIAN

Se ha difficoltà a parlare e/o leggere la lingua inglese, chiami il numero (202) 467-2737.
Un rappresentante le presterà assistenza.

TAGALOG

Kung hindi ka nakakapagsalita at/o nakakapagbasa ng Ingles, pakitawagan ang (202) 467-2737.
May kinatawan na tutulong sa iyo.

JAPANESE

(202) 467-2737 までお電話ください。担当者があなたをサポートします。



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