




Medical Assistance BULLETIN

ISSUE DATE April 8, 2026	EFFECTIVE DATE April 8, 2026	NUMBER 01-26-52, 08-26-53, 09-26-53, 10-26-11, 24-26-52, 25-26-10, 31-26-53
SUBJECT Prior Authorization Guidelines for Pediatric Adaptive Seating Equipment	BY  Sally Kozak Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents>

PURPOSE:

The purpose of this bulletin is to advise providers of new handbook pages that include the guidelines for prior authorization to support the medical necessity of prescriptions for pediatric adaptive seating equipment.

SCOPE:

This bulletin applies to physician, certified registered nurse practitioners, physician assistants, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, Federally Qualified Health Centers, Rural Health Centers, independent medical surgical clinics, pharmacies and durable medical equipment (DME) suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services for pediatric adaptive seating equipment to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, section 443.6(b)(2) of the act of June 13, 1967, (P.L. 31, No. 21), referred to as the Human Services Code, allows the

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info>

Department to require MA providers to obtain prior authorization for the purchase of specific appliances or equipment that cost less than six hundred dollars.

In the MA Program pediatric adaptive seating equipment is a type of DME that is offered for children who have physical, neuromuscular or developmental conditions that prevent safe or functional use of standard seating. Prior authorization must be obtained before the items are offered to confirm medical necessity, to ensure the equipment is appropriate for the child's functional needs and verify that less specialized or less costly alternatives are not sufficient to meet the child's needs.

On June 24, 2025, the Department advised providers of the change to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization." There are no MCG guidelines for pediatric adaptive seating equipment to determine medical necessity. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of pediatric adaptive seating equipment for MA beneficiaries.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the attachments for the guidelines for the prior authorization review of pediatric adaptive seating equipment. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, at:

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf>, or the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, at <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf>.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

ATTACHMENTS:

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.16, Prior Authorization of Pediatric Adaptive Seating Equipment, Effective April 8, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, Section 7.1.2.14, Prior Authorization of Pediatric Adaptive Seating Equipment, Effective April 8, 2026.

7.1.2.16 Prior Authorization of Pediatric Adaptive Seating Equipment

- I. General Requirements for Prior Authorization of Pediatric Adaptive Seating Equipment
 - A. Prescriptions that Require Prior Authorization
 - B. Documentation for Review
 - C. Review of Documentation for Medical Necessity
 - D. Clinical Review Process
 - E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF PEDIATRIC ADAPTIVE SEATING EQUIPMENT**A. Prescriptions that Require Prior Authorization**

All prescriptions for pediatric adaptive seating equipment.

B. Documentation for Review

The following information should be submitted with an authorization request:

1. Diagnoses relevant to the requested pediatric adaptive seating equipment.
2. Physical therapy and/or occupational therapy evaluation/assessment, if available.
3. Medical records demonstrating current level of function of the beneficiary.
4. Current height and weight and manufacturer's weight capacity of the item requested.
5. Other interventions or devices that have been trialed/considered and determined not to meet the need of the beneficiary.

The following information should be submitted with an authorization request for replacement:

1. Diagnoses relevant to the requested pediatric adaptive seating equipment.
2. Physical therapy and/or occupational therapy evaluation/assessment, if available.
3. Medical records demonstrating current level of function of the beneficiary.
4. Current height and weight and manufacturer's weight capacity of the item requested.
5. Documentation (letter or medical record) of any changes in medical situation, or a statement that there have not been significant changes.
6. Date of purchase, serial number, and warranty of pediatric adaptive seating equipment needed to be replaced, if available, and repair history, if applicable.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for pediatric adaptive seating equipment, the determination of whether the requested service is medically necessary will take into account whether:

1. The beneficiary has a documented medical condition resulting in significant postural instability or inability to maintain upright sitting without support.
2. The requested device is medically necessary to support essential functional activities, such as:
 - a. Safe feeding or swallowing
 - b. Hygiene and toileting
 - c. Activities of daily living
 - d. Caregiver-assisted positioning necessary to prevent injury

3. The device is not requested solely for convenience, supervision, or recreational purposes.
4. The beneficiary's positioning needs cannot be met using a less costly, commercially available seating option (e.g., standard highchair, booster seat, infant seat) due to disability-related postural requirements.
5. The requested pediatric adaptive seating equipment:
 - a. Does not duplicate existing wheelchair seating or adaptive stroller equipment, or
 - b. Is required for use in a distinct setting or for a distinct function where wheelchair-based seating is not feasible.
6. The beneficiary meets manufacturer specifications for height, weight, and positioning requirements, with consideration of anticipated growth and duration of medical need.
7. A physical therapy (PT) and/or occupational therapy (OT) evaluation supports the medical necessity of the device and specifies required positioning components.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C above to assess the medical necessity of a prescription for a pediatric adaptive seating equipment. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Lin, E., & Noritz, G. (2025). "Home health care of children, adolescents and young adults with complex medical needs: Clinical report." *Pediatrics*, 156(3), e2025073171. Retrieved from <https://publications.aap.org/pediatrics/article/156/3/e2025073171/203216/Home-Health-Care-of-Children-Adolescents-and-Young>
2. O'Neil, J., Hoffman, B., Agran, P. F., Denny, S. A., Hirsh, M., Johnston, B., Lee, L. K., Monroe, K., Schaechter, J., Tenenbein, M., Zonfrillo, M. R., & Quinlan, K. (2019). "Transporting children with special health care needs." *Pediatrics*, 143(5), e20190724. Retrieved from <https://publications.aap.org/pediatrics/article/143/5/e20190724/37167/Transporting-Children-With-Special-Health-Care?autologincheck=redirected>

7.1.2.14 Prior Authorization of Pediatric Adaptive Seating Equipment

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4. Current height and weight and manufacturer's weight capacity of the item requested.
5. Documentation (letter or medical record) of any changes in medical situation, or a statement that there have not been significant changes.
6. Date of purchase, serial number, and warranty of pediatric adaptive seating equipment needed to be replaced, if available, and repair history, if applicable.

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