Pennsylvania
Department of Human Services

# Medical Assistance BULLETIN

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| SUBJECT | BY |
|---|---|
| Prior Authorization Guidelines for Wheelchair Cushions and Accessories | Sally Kozak<br>Deputy Secretary<br>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 the new Provider Handbook pages that include guidelines for prior authorization to support the medical necessity of prescriptions for wheelchair cushions and accessories.

## SCOPE:

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, independent medical surgical clinics, federally qualified health centers, rural health clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render wheelchair cushions and accessories 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) (62 P.S. §443.6), referred to as the Human Services Code, requires prior authorization for these wheelchair cushions and accessories.

Wheelchair cushions and accessories refer to items available for individuals with specific medical needs related to mobility that are suitable to be used with wheelchairs.

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 to determine medical necessity for wheelchair cushions and accessories. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of wheelchair cushions and accessories 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 wheelchair cushions and accessories**.** Providers may also refer to the Department's website to access the PROMISe™ Provider Handbooks 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 Handbooks 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 7.1.2.18 Prior Authorization for Wheelchair Cushions and Accessories**,** Effective July 1, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, Section 7.1.2.16, Prior Authorization for Wheelchair Cushions and Accessories, Effective July 1, 2026.

### 7.1.2.18 Prior Authorization Guidelines for Wheelchair Cushions and Accessories

I. General Requirements for Prior Authorization for Wheelchair Cushions and Accessories

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 FOR WHEELCHAIR CUSHIONS AND ACCESSORIES

A. Prescriptions that Require Prior Authorization

All prescriptions for wheelchair cushion and accessory purchase and rental exceeding three months.

B. Documentation for Review

1. The following information should be submitted with an initial authorization request for a wheelchair cushion:
   a. Diagnoses relevant to requested wheelchair cushion
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair cushion is intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories
   g. Detailed wheelchair cushion product description
   h. Height, weight, sitting height and other body measurements pertinent to the wheelchair cushion

2. The following information should be submitted with an initial authorization request for a wheelchair accessory:
   a. Diagnoses relevant to requested wheelchair accessory
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Documentation of other accessories attempted and found to be inadequate, ineffective or contraindicated
   g. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair accessory is

intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories.

3. The following information should be submitted with a reauthorization request for a replacement wheelchair cushion:
   a. Diagnoses relevant to requested wheelchair cushion
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair cushion is intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories.
   g. Detailed wheelchair cushion product description
   h. Height, weight, sitting height and other body measurements pertinent to the wheelchair cushion
   i. Documentation showing that the beneficiary has an existing wheelchair cushion, the wheelchair cushion requires repair or replacement, the age of the wheelchair cushion needing repaired/replaced, the condition of the wheelchair cushion and the repair needed to maintain the function of the wheelchair cushion
   j. Documentation of the repair cost compared to replacement of the wheelchair cushion and alternatives considered

4. The following information should be submitted with a reauthorization request for a replacement wheelchair accessory:
   a. Diagnoses relevant to requested wheelchair accessory
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Documentation of other accessories attempted and found to be inadequate, ineffective or contraindicated

g. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair accessory is intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories.
h. Documentation showing that the beneficiary has an existing wheelchair accessory, the wheelchair accessory requires repair or replacement, the age of the wheelchair accessory needing repaired/replaced, the condition of the wheelchair accessory and the repair needed to maintain the function of the wheelchair accessory
i. Documentation of the repair cost compared to replacement of the wheelchair accessory and alternatives considered

C. Review of Documentation for Medical Necessity

1. In evaluating a request for prior authorization of a prescription for a wheelchair cushion, the determination of whether the requested service is medically necessary will consider whether the beneficiary:
   a. Has a diagnosis in the medical record that caused ambulatory and activities of daily living dysfunction for which a manual or power wheelchair that has a sling solid seat or back meets coverage criteria.

2. For a prefabricated skin protection cushion, in addition to item 1 above, the beneficiary must have:
   a. Current pressure wound(s) in the area of contact with the seating surface; and
   b. Absent or impaired sensation in the area of contact with the seating surface; and
   c. Inability to perform weight shifts while seated.

3. For prefabricated positioning seat and back cushion, in addition to item 1. above, the beneficiary:
   a. Has significant postural asymmetry that is reflected in the medical record; and
   b. Has impaired positioning ability and/or inability to perform weight shifts while seated; or
   c. Has an additional diagnosis of monoplegia of lower limb, complete or incomplete amputation of a lower extremity at any level from the knee to the hip joint.

4. For a combination prefabricated skin protection and positioning cushion, the beneficiary must meet the criteria for both items a through c for prefabricated skin protection cushion and items 1 through 3 for prefabricated positioning seat and back cushion above.

5. For a custom fabricated seat cushion or back cushion, the beneficiary:
   a. Meets the criteria for both prefabricated skin protection cushion and prefabricated positioning seat and back cushion above, and
   b. Has an evaluation by a licensed physical or occupational therapist that clearly states why a prefabricated cushion cannot meet the beneficiary's skin protection and positioning needs.

6. For requests for authorization of replacement wheelchair cushions, in addition to the item 1 above for wheelchair cushion, items 1 through 3 above for prefabricated skin protection cushion, items 1 through 3 above for prefabricated positioning seat and back cushion, items for combination prefabricated skin protection and positioning cushion, and items 1 and 2 above for custom fabricated seat cushion or back cushion, whether the wheelchair cushion, prefabricated skin protection cushion, prefabricated positioning seat and back cushion, combination prefabricated skin protection and positioning cushion, custom fabricated seat cushion or back cushion is not functioning and, if not functioning, whether it cannot be repaired.

7. In evaluating a request for prior authorization of a prescription for a wheelchair accessory, the determination of whether the requested service is medically necessary will consider whether the beneficiary:
   a. Has a wheelchair that meets coverage criteria for which the accessory is intended; and
   b. Lacks independence in performing mobility related activities of daily living, which the requested accessory is expected to improve; and
   c. Has had a specialty evaluation by a licensed/certified medical professional (physical/ occupational therapist or physician with special training and experience in rehabilitation and wheelchair evaluation); and
   d. Has a need for the specific requested accessory that is clearly stated in the specialty evaluation which clearly defines the role of this accessory in meeting these needs.

8. For requests for authorization of replacement wheelchair accessories, in addition to items a through d above, whether the wheelchair accessory is not functioning, and if not functioning, whether it cannot be repaired.

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 wheelchair cushions and/or wheelchair accessories. 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 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. Cooper, R. A., Trefler, E., & Hobson, D. A. (1996). "Wheelchairs and seating: issues and practice." *Technology and Disability*, 5(1), 3-16. Retrieved from https://doi.org/10.3233/TAD-1996-5102
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6. Lo, L., Hebert, D., & Colquhoun H. (2019). Measuring practice gaps in the delivery of evidence-based seating assessments: a retrospective chart review. *Disability and Rehabilitation: Assistive Technology*, 16(3), 255-261. Retrieved from https://doi.org/10.1080/17483107.2019.1672814
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### 7.1.2.16 Prior Authorization Guidelines for Wheelchair Cushions and Accessories

I. General Requirements for Prior Authorization of Wheelchair Cushions and Accessories

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 FOR WHEELCHAIR CUSHIONS AND ACCESSORIES

A. Prescriptions that Require Prior Authorization

All prescriptions for wheelchair cushion and accessory purchase and rental exceeding three months.

B. Documentation for Review

1. The following information should be submitted with an initial authorization request for a wheelchair cushion:
   a. Diagnoses relevant to requested wheelchair cushion
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair cushion is intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories
   g. Detailed wheelchair cushion product description
   h. Height, weight, sitting height and other body measurements pertinent to the wheelchair cushion

2. The following information should be submitted with an initial authorization request for a wheelchair accessory:
   a. Diagnoses relevant to requested wheelchair accessory
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Documentation of other accessories attempted and found to be inadequate, ineffective or contraindicated
   g. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair accessory is

intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories.

3. The following information should be submitted with a reauthorization request for a replacement wheelchair cushion:
   a. Diagnoses relevant to requested wheelchair cushion
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair cushion is intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories.
   g. Detailed wheelchair cushion product description
   h. Height, weight, sitting height and other body measurements pertinent to the wheelchair cushion
   i. Documentation showing that the beneficiary has an existing wheelchair cushion, the wheelchair cushion requires repair or replacement, the age of the wheelchair cushion needing repaired/replaced, the condition of the wheelchair cushion and the repair needed to maintain the function of the wheelchair cushion
   j. Documentation of the repair cost compared to replacement of the wheelchair cushion and alternatives considered

4. The following information should be submitted with a reauthorization request for a replacement wheelchair accessory:
   a. Diagnoses relevant to requested wheelchair accessory
   b. X-Ray and/or MRI reports, if available
   c. Physical and/or occupational therapy evaluation/assessment, if available
   d. Medical records demonstrating the beneficiary's current physical function, physical impairment, or disability
   e. Medical records demonstrating the beneficiary's level of independence/dependence for transfers, mobility, use of equipment and mobility related activities of daily living
   f. Documentation of other accessories attempted and found to be inadequate, ineffective or contraindicated

g. Proof of coverage (e.g., written order/prescription, letter of medical necessity, etc.) of the manual or power wheelchair for which the wheelchair accessory is intended. If the wheelchair is available, the following information should be included: date of purchase, serial number, manufacturer/brand, model, size, and accessories.
h. Documentation showing that the beneficiary has an existing wheelchair accessory, the wheelchair accessory requires repair or replacement, the age of the wheelchair accessory needing repaired/replaced, the condition of the wheelchair accessory and the repair needed to maintain the function of the wheelchair accessory
i. Documentation of the repair cost compared to replacement of the wheelchair accessory and alternatives considered

C. Review of Documentation for Medical Necessity

1. In evaluating a request for prior authorization of a prescription for a wheelchair cushion, the determination of whether the requested service is medically necessary will consider whether the beneficiary:
   a. Has a diagnosis in the medical record that caused ambulatory and activities of daily living dysfunction for which a manual or power wheelchair that has a sling solid seat or back meets coverage criteria.

2. For a prefabricated skin protection cushion, in addition to item 1 above, the beneficiary must have:
   a. Current pressure wound(s) in the area of contact with the seating surface; and
   b. Absent or impaired sensation in the area of contact with the seating surface; and
   c. Inability to perform weight shifts while seated.

3. For prefabricated positioning seat and back cushion, in addition to item 1. above, the beneficiary:
   a. Has significant postural asymmetry that is reflected in the medical record; and
   b. Has impaired positioning ability and/or inability to perform weight shifts while seated; or
   c. Has an additional diagnosis of monoplegia of lower limb, complete or incomplete amputation of a lower extremity at any level from the knee to the hip joint.

4. For a combination prefabricated skin protection and positioning cushion, the beneficiary must meet the criteria for both items 1 through 3 for prefabricated

skin protection cushion and items 1 through 3 for prefabricated positioning seat and back cushion above.

5. For a custom fabricated seat cushion or back cushion, the beneficiary:
   a. Meets the criteria for both prefabricated skin protection cushion and prefabricated positioning seat and back cushion above, and
   b. Has an evaluation by a licensed physical or occupational therapist that clearly states why a prefabricated cushion cannot meet the beneficiary's skin protection and positioning needs.

6. For requests for authorization of replacement wheelchair cushions, in addition to the item 1 above for wheelchair cushion, items 1 through 3 above for prefabricated skin protection cushion, items 1 through 3 above for prefabricated positioning seat and back cushion, items for combination prefabricated skin protection and positioning cushion, and items 1 and 2 above for custom fabricated seat cushion or back cushion, whether the wheelchair cushion, prefabricated skin protection cushion, prefabricated positioning seat and back cushion, combination prefabricated skin protection and positioning cushion, custom fabricated seat cushion or back cushion is not functioning and, if not functioning, whether it cannot be repaired.

7. In evaluating a request for prior authorization of a prescription for a wheelchair accessory, the determination of whether the requested service is medically necessary will consider whether the beneficiary:
   a. Has a wheelchair that meets coverage criteria for which the accessory is intended; and
   b. Lacks independence in performing mobility related activities of daily living, which the requested accessory is expected to improve; and
   c. Has had a specialty evaluation by a licensed/certified medical professional (physical/ occupational therapist or physician with special training and experience in rehabilitation and wheelchair evaluation); and
   d. Has a need for the specific requested accessory that is clearly stated in the specialty evaluation which clearly defines the role of this accessory in meeting these needs.

8. For requests for authorization of replacement wheelchair accessories, in addition to items a through d above, whether the wheelchair accessory is not functioning, and if not functioning, whether it cannot be repaired.

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 wheelchair cushions and/or wheelchair accessories. 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.

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3. de Mare, L., de Groot, B., de Koning, F., Geers, R., & Tetteroo, D. (2021). The influence of a contoured seating base on pressure distribution and discomfort. *Disability and Rehabilitation: Assistive Technology,* 18(1), 1-7. Retrieved from https://www.tandfonline.com/doi/full/10.1080/17483107.2021.1892841
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5. Green, N., Brasure, M., & Wilt, T. J. (2012). Wheeled mobility (wheelchair) service delivery: scope of the evidence. *Annals of Internal Medicine,* 156(2), 141-146. Retrieved from https://pubmed.ncbi.nlm.nih.gov/22250145/
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11. Trefler, E., & Taylor, S. J. (1991). Prescription and positioning: evaluating the physically disabled individual for wheelchair seating. *Prosthetics and Orthotics International,* 15(3) 217-224. Retrieved from https://pubmed.ncbi.nlm.nih.gov/1838149