Prior Authorization Review Panel
MCO Policy Submission

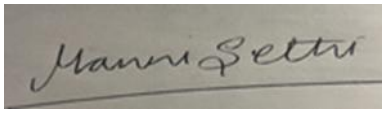
A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: AmeriHealth Caritas Pennsylvania & Keystone First	Submission Date: 4/1/2026
Policy Number: CCP.1555	Effective Date: 4/1/2026 Revision Date:
Policy Name: Non-Wheelchair Adaptive Seating	

Type of Submission:	Type of Policy:
☒ New Policy	☒ Prior Authorization Policy
☐ Revised Policy*	☐ Base Policy
☐ Annual Review- no revisions	☐ Experimental/Investigational Policy
	☐ Statewide PDL
	☐ Other:

*All revisions to the policy must be highlighted using track changes throughout the document.

Please provide any clarifying information for the policy below:

Name of Authorized Individual (Please type or print):	Signature of Authorized Individual:
Manni Sethi, MD, MBA, CHCQM	

Keystone First
Family of Health Plans

Non-Wheelchair Adaptive Seating

Clinical Policy ID: CCP.1555

Recent review date: 3/2026

Next review date: 7/2027

Policy contains: Adaptive seating; autism; cerebral palsy; complex rehabilitation technology; therapeutic chair.

Keystone First has developed clinical policies to assist with making coverage determinations. Keystone First's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by Keystone First, on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Keystone First's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Keystone First's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Keystone First will update its clinical policies as necessary. Keystone First's clinical policies are not guarantees of payment.

Coverage policy

Non-wheelchair adaptive seating (also referred to as a therapeutic chair) is clinically proven and, therefore, may be medically necessary durable medical equipment when all of the following criteria are met (American Academy of Pediatrics [Noritz, 2022; O'Neil, 2019]):

- The member has postural instability or weakness and needs external supports either to maintain proper alignment of head, trunk, and lower extremities or to keep the member positioned safely while seated.
- The member requires specialized positioning to safely perform essential, age-appropriate activities of daily living related to the member's health and hygiene within the home, including feeding, bathing, and toileting, or in a vehicle during normal transport.
- The adaptive seating system is prescribed by a physician.
- There has been a specialized seating/mobility evaluation performed by a therapist or a professional independent from the vendor supplying the equipment.
- Member had a successful trial of the requested device.
- Adaptive seating accessories and positioning components must contribute to the therapeutic function of the adaptive seating system. These accessories and positioning components include, but are not limited to, postural lateral supports, chest or pelvic straps, wedge, headrest, and/or pommel, cushions, and trays.
- Documentation requirements have been met.

A tilt/recline feature of an adaptive seating system is clinically proven and, therefore, may be medically necessary when the member meets all the criteria for adaptive seating above and meets one of the following criteria:

- Member's condition (e.g., extensive weakness, contractures, or abnormal tone) requires full body support.
- Member has a medical need that requires the tilted or reclined position when upright.
- Member requires pressure relief when sitting (e.g., prevention or treatment of pressure sores).

Replacement of adaptive seating/postural support may be medically necessary when all of the following criteria are met:

- Member meets all relevant medical necessity criteria above.
- Member meets one or more of the following criteria:
    - Member has outgrown the device.
    - The device no longer meets the needs of the member.
    - The device is no longer functional through normal wear and tear (expected to last at least five years) and replacement is not the result of misuse or abuse.

Repairs for authorized adaptive seating/postural support may be considered medically necessary when all of the following are met:

- Either:
    - AmeriHealth Caritas originally authorized and purchased the equipment and accessories.
    - The durable medical equipment supplier provides clinical documentation to establish medical necessity for the member's adaptive seating/postural support previously authorized by another health plan.
- Repairs are not the result of misuse or abuse.
- Repair cost is less than replacement.

Documentation requirements include all of the following:

- Details of the requested equipment includes the name of the item, description, the manufacturer, product number, and a description of the equipment features (for HCPCS code E1399, miscellaneous) not available with standard equipment and accessories.
- Description of the member's specific functional limitations and underlying medical condition that will be improved by the requested equipment.
- A physical/occupational therapy evaluation detailing the member's ability to use and benefit from the equipment, the rationale for selection of the specific product over available alternatives, trial of the device, and parent/caregiver education on its use.
- The ability of the device to support a growing member over time, including growth in height and weight.

Limitations

An adaptive seating system is investigational/not clinically proven and, therefore, not medically necessary when either:

- The member has a functioning wheelchair that provides adequate postural support and positioning components, as this would be considered a duplicate durable medical equipment item.

- The equipment is used for personal care, comfort, or convenience for the member or caregiver, including alternative seating or requests for more than one of the same item.
- Accessories and positioning components do not contribute to the therapeutic function of the adaptive seating system.

Alternative covered services

Wheelchair accessories and components.

Background

In the United States, nearly 20% of children under 18 years of age have a special health care need. Special health care needs were slightly more common among non-Hispanic Black children (23.3%) and children living in poverty (22.8%). Children and youth with special health care needs often require more specialized health and educational services to thrive (Health Resources & Services Administration, 2025).

Complex rehabilitation technology is specialized equipment used by individuals with certain mobility disabilities who need help performing activities of daily living safely, independently, and within a reasonable amount of time. Common examples are advanced wheelchairs, adaptive seating systems, and other mobility devices that are individually configured to meet unique physical and functional needs (United Disability Services, 2020).

Non-wheelchair adaptive seating is adaptive, portable, multi-positional seating that provides postural support to assist with activities of daily living. The equipment may be customized or non-customized in some instances. Adaptive strollers are designed for limited use for younger children who are not ready for a wheelchair and do not require significant positional support. Bathing and toileting options such as grab bars, 3-in-1 bedside commodes, tub transfer benches, and shower chairs provide support for transfer and positioning. Adaptive, appropriately-sized car seats, travel restraints, and transfer devices are designed to support proper positioning of the head and trunk and limit motion from excessive forward/lateral movements during transport (Will, 2025). Finally, adaptive feeding seats may be indicated for postural insecurity during feeding, particularly in children with a greater degree of motor impairment (Noritz, 2022).

Evaluations for adaptive seating may be performed by a multidisciplinary team of physical therapists, occupational therapists, and physicians with specialized knowledge and expertise. Many factors come into play for prior authorization determinations. Requirements typically include justification for how the current equipment no longer meets the patient's needs and how the requested equipment will accommodate the activity needs, including anticipated modifications or accessory needs and the growth potential of the child. Trunk and head control, balance, arm and hand function, presence and severity of orthopedic anomalies, recent changes in physical or functional status, and any expected or potential surgeries that may improve or further limit mobility should be considered. A home evaluation by the assistive technology professional may be indicated prior to ordering customized systems to ensure that the recommended system will fit and function in the child's home (Will, 2025).

Findings

Guidelines

The American Academy of Pediatrics has issued guidance for the care of children with cerebral palsy (Noritz, 2022; O'Neil, 2019). Adaptive strategies and equipment and environmental modifications to facilitate independence and participation and enhance quality of life are integral components of a treatment plan. The guideline emphasizes a multidisciplinary evaluation, including input from an occupational or physical therapist,

to identify the optimal positioning strategies that will benefit an individual child within the medical home and during transport.

For the medical home, adaptive positioning devices may be needed to promote proper skeletal alignment, maintain range of motion, and stabilize joints. These devices may include seating systems for feeding and adaptive toileting equipment, such as grab bars for toilet transfers or raised toilet seats (Noritz, 2022).

For safe transport, specialized adaptive car seats, strollers, or wheelchair restraint systems may be needed to maintain posture and comfort when a conventional child safety seat does not provide adequate support for safe travel. Adaptations for support of the head, neck, and torso may be needed, that are appropriate for the child's height and weight and medical condition. Special considerations for children at risk of airway obstruction or with muscle tone abnormalities, medically complex conditions (e.g., those requiring tracheostomy or feeding tubes), casts, and challenging behavior. Modifications include positioning accessories such as abductor wedges, support pads, and seat depth extenders; belt-positioning boosters; and lap-and-shoulder belt systems (O'Neil, 2019).

Evidence review

Most assistive devices and technologies address gross motor impairments (primarily walking), posture, and mobility. Their effects can improve independence, interpersonal interactions, self-care, autonomy, and social participation, but these outcomes are frequently not measured or lack contemporary frameworks for evaluation of assistive technology outcomes (Acharya, 2023; Hoekstra, 2025). Future research should include adoption of common measurement indicators, consideration of quality assessment criteria, and the use of varied methodologies to generate new knowledge about functional outcomes (Ryan, 2016).

The evidence for adaptive seating systems presented below consists of low-quality studies of children with moderate to severe cerebral palsy. Adaptive seating systems were variable and inconsistently described, and encompassed wheelchair and nonwheelchair options. The evidence of effectiveness is inconclusive, but low-level evidence suggests positive outcomes may be achieved in terms of sitting posture, postural control, and seated activity performance. Anecdotally, according to parents and service providers, adaptive seating systems may reduce stress and caregiver burden and improve psychosocial well-being and quality of life in children with cerebral palsy.

A systematic review appraised nine studies of adaptive seating systems in children aged 2 to 21 years with cerebral palsy across International Classification of Functioning, Disability and Health for Children and Youth version domains. All but one study were low-quality, single-arm designs with moderate heterogeneity. Most children were of school age with moderate to severe cerebral palsy (Gross Motor Function Classification System levels III and IV) of bilateral spastic and dyskinetic types. The seating systems often included supports at the level of the foot, pelvis, and trunk, but less so at the neck level. The duration of the intervention and follow-up varied from effects measured immediately to several months or years later. While trunk and hip support devices may improve postural control outcomes, and special-purpose adaptive seating systems may improve self-care and play behavior at home, most studies did not provide evidence of a beneficial effect on upper extremity function. It is unclear if the severity and type of cerebral palsy affected outcomes (Angsupaisal, 2015).

In a small independent series of 20 children with spastic cerebral palsy (Gross Motor Function Classification System Level III to Level V), measurement of postural control and function (using the Seated Postural Control Measure or Sitting Assessment Scale) favored custom-made orthoses and adjustable seating systems compared to a standard chair ($P < .0017$). Children with Gross Motor Function Classification System Level IV appeared to benefit the most from the seating support systems (Sahinoğlu, 2017).

References

On 1/20/2026, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were: “adaptive seat*,” “therapeutic seat*,” and “complex rehabilitation technolog*.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

Acharya BD, Karki A, Prasertsukdee S, et al. Effect of adaptive seating systems on postural control and activity performance: A systematic review. *Pediatr Phys Ther*. 2023;35(4):397-410. Doi: 10.1097/pep.0000000000001042.

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Policy updates

Initial review date: 3/2026 and clinical policy effective date: 4/2026

Related codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.1555. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code description
E0163	Commode chair, mobile or stationary, with fixed arms
E0165	Commode chair, mobile or stationary, with detachable arms
E0240	Bath or shower chair, with or without wheels, any size
E0244	Raised toilet seat
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening
E0700	Travel restraint
E1399	Durable medical equipment, miscellaneous