



Guidelines for Medical Necessity Determination for Standers

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information that MassHealth needs to determine medical necessity for standers. A stander is a mechanical device that assists a person in attaining and maintaining an upright position. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 409.000 and 450.000 and Subchapter 6 of the *Durable Medical Equipment Manual* for information about coverage, limitations, service conditions, and other prior-authorization requirements. Providers serving members enrolled in a MassHealth-contracted managed-care organization (MCO) should refer to the MCO's medical policies for covered services. These Guidelines describe documentation requirements for purchase of a stander that has been successfully used by a member in an inpatient, outpatient, or school setting.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

Standers are durable medical equipment (DME) designed to support a child or adult in an upright (or standing) position. Standers may provide medical and functional benefits to otherwise bed- or chair-bound patients. MassHealth determines medical necessity on a case-by-case basis in accordance with 130 CMR 450.204. DME providers must provide documentation that demonstrates that the member has tried more cost-effective alternatives and still requires a stander. Non-medical equipment, such as a glider, is not DME.

Section II. Clinical Guidelines

A. Clinical Coverage

MassHealth bases its determination of medical necessity for standers on clinical data as well as indicators of the relative risks and benefits of their use. These criteria include, but are not limited to, the following.

1. That the member is unable to stand or ambulate independently due to conditions such as, but not limited to, neuromuscular or congenital disorders, including acquired skeletal abnormalities.
2. That the member (a) is at high risk for lower-limb or trunk contracture(s), or (b) has contracture(s) that have not improved with other interventions (e.g., stretching, splinting, serial casting, medications, or other modalities).
3. That the alignment of the member's lower extremity is such that the foot and ankle can tolerate a standing or upright position.
4. That the member does *not* have complete paralysis of the hips and legs.
5. That the member has improvement in mobility, ambulation, function, or physiologic symptoms, or maintained status with the use of the selected stander (e.g., used in an inpatient or outpatient setting) and is able to follow a home therapy program incorporating the use of the stander.
6. That there is a home therapy plan outlining the use of the requested stander.



B. Noncoverage

MassHealth does not consider standers to be medically necessary under certain circumstances.

Examples of such circumstances include, but are not limited to, the following.

1. There is insufficient evidence-based medical benefit to using the stander (e.g., when there is no expected improvement in mobility or maintenance of function).
2. The anticipated functional benefits of standing can be achieved through less-costly alternatives (e.g., therapeutic exercises, positioning, orthotics, other adaptive DME, medication, and diet).

Section III. Submitting Clinical Documentation

Requests for prior authorization for standers must be submitted by a MassHealth DME provider and be accompanied by clinical documentation by a licensed physician or occupational or physical therapist on appropriate letterhead. Documentation must support the medical necessity for this equipment.

A. DME providers must present documentation of medical necessity that includes all of the following:

1. a prescription that meets the criteria provided in Section III(B) (below);
2. a detailed letter of medical necessity containing:
 - the member's name and address;
 - the most recent comprehensive history and physical exam by a licensed physician or occupational or physical therapist, including summary of medical condition, age at diagnosis, prognosis, and co-morbid conditions;
 - the member's functional and physical assessment including, but not limited to, strength, range of motion, tone, sensation, balance, ADLs, IADLs, and functional status;
 - documentation of failure of less-costly alternatives;
 - evidence that the patient has demonstrated the ability to safely use the equipment independently or with appropriate supervision; and
 - a home therapy plan outlining the planned use of the requested stander;
3. documentation that the member does not otherwise have sufficient access to equipment in an alternative setting; and
4. documentation that the member's home can accommodate the equipment.

B. MassHealth pays for the purchase of a stander only after the DME provider has obtained a written prescription signed by a licensed physiatrist, orthopedist, neurologist, or neurosurgeon. The prescription must be dated within 90 days of the requested date of service (which is the initial date of service requested in the prior-authorization request), or within 90 days of the date MassHealth receives the prior-authorization request, whichever is longer.

1. The prescription must be written on the prescriber's prescription pad, the prescriber's letterhead stationery, or on a Region A Durable Medical Equipment Regional Carrier (DMERC) certificate of medical necessity. If the Region A DMERC certificate of medical necessity is used, it must be completed in accordance with the instructions established by the Region A DMERC, in addition to complying with MassHealth regulations.
2. Documentation must support the medical necessity of the purchase as determined by MassHealth.

C. Prior-authorization requests must be submitted by a MassHealth DME provider. Providers are strongly encouraged to use electronic submission. Information on electronic submission may be obtained by calling 1-800-862-8341. If the MassHealth Prior Authorization Request Form is used, all pertinent documentation must be attached.

Select References

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These Guidelines are based on review of the medical literature and current practice in standers. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

Policy Effective Date: February 15, 2009 Approved by:



Interim Medical Director