Guidelines for Medical Necessity Determination for Standers and Power-Assisted (Dynamic) Standing Components for Wheelchairs

This version of the Guidelines for Medical Necessity Determination (Guidelines) identifies the clinical information that MassHealth needs to determine medical necessity for standers and power-assisted (dynamic) standing components for wheelchairs. A stander is a mechanical device that assists a person in attaining and maintaining an upright position for the purposes of therapeutic standing. 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 130 CMR 409.000: *Durable Medical Equipment Services* and 130 CMR 450.000: *Administrative and Billing Regulations,* and the *MassHealth DME and Oxygen Payment and Coverage Guideline Tool* for information about coverage, limitations, service conditions, and other prior authorization (PA) requirements. The links to the regulations and the tool can be found in Appendix A.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or program of all-inclusive care for the elderly (PACE), should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies for covered services. These Guidelines describe documentation requirements for purchase of a stander that has been successfully used on a trial basis by a member in an inpatient, outpatient, or school setting.

MassHealth reviews requests for PA 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.

1 SECTION I. GENERAL INFORMATION

"Standers are durable medical equipment (DME) designed to assist a child or adult in attaining and maintaining an upright (or standing) position for the purposes of therapeutic standing." 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. Documentation is essential to establishing medical necessity. In support of a PA request, DME providers must provide documentation that demonstrates that the member has tried less costly alternatives and still requires the requested stander.

"Therapeutic standing can be achieved utilizing standing devices such as static standers, tilt tables, or the power-assisted standing component in certain wheelchairs." Evidence-based literature supports the impact of home-based supported standing programs. Literature also demonstrates the amount of time required in therapeutic standing in order for the user to achieve a medical benefit. For improvement in high muscle tone, a user must be able to tolerate standing for a minimum of 30 minutes at a time once a day. Optimal benefit for improvement in or maintenance of bone mineralization and density requires

a standing time of 60 minutes per day. In order for the user to achieve these benefits, standing must be performed a minimum of five days per week. Evidence-based literature demonstrates that standing for periods of fewer than 30 minutes, multiple times per day does not produce a similar therapeutic benefit for muscle and bone health.

2

SECTION II: CLINICAL GUIDELINES

A. CLINICAL COVERAGE FOR STATIC STANDERS AND TILT TABLES

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

1. 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. The member (a) is at high risk for lower-limb or trunk contracture(s), or (b) has non-fixed contracture(s) that have not improved with other interventions (e.g., stretching, splinting, serial casting, medications, or other modalities).
3. The alignment of the member's lower extremity is such that the foot, ankle, knee, and hip can tolerate a standing or upright position.
4. The member has demonstrated the ability to tolerate standing for a therapeutic length of time, a minimum of 30 minutes or more at one time, during a documented trial period.
5. The member has improved or maintained status in mobility, ambulation, or physiologic symptoms with the use of the selected device and is able to follow a home therapy program incorporating the use of the device.
6. There is a prescribed home standing program outlining the use of the requested device that can be carried out by the member safely and independently or with the assistance of a caregiver.

B. CLINICAL COVERAGE FOR POWER-ASSISTED (DYNAMIC) STANDING COMPONENTS FOR WHEELCHAIRS

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

1. The member must meet the criteria listed in Section A, above, AND B2 through B4, below.
2. The member has evidence-based reasons and documented clinical justification for why a power-assisted standing component will meet the member's medical needs and why a static stander or tilt table will not meet those medical needs.
3. The member has additional symptoms such as pain or increased tone requiring standing throughout the day as a means to alleviate or reduce those symptoms that would be addressed by using a power-assisted standing component, and documentation that demonstrates why a static stander or tilt table will not address those medical interventions.

4. The member has demonstrated that s/he can safely (member has proper safety awareness) and independently (without physical assistance or cueing) use the requested device and is able to perform a prescribed home standing program independently.

C. NONCOVERAGE

To be covered under the MassHealth Durable Medical Equipment (DME) program, equipment must, among other requirements, be used primarily and customarily for a medical purpose and not be generally useful in the absence of illness, injury, or disability. See 130 CMR 409.402 (definition of DME). Accordingly, non-medical equipment, such as a glider, is not covered as DME.

Additionally, 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. The documentation does not support that the member is able to achieve the evidence-based medical benefit to using the stander, such as when the member is unable to tolerate standing for the therapeutic length of time.
2. The anticipated therapeutic benefits of standing can be achieved through less costly alternatives that are comparable in effect, available, and suitable for the member requesting the service, and that are more conservative such as therapeutic exercises, positioning, ambulating, orthotics, other adaptive DME, medication, and diet.
3. The member has not demonstrated the ability to safely and independently use a power-assisted standing component. For example, the member does not demonstrate proper safety awareness or the member requires physical assistance or cueing in order to use the power-assisted component.
4. A power-assisted standing component is solely for the convenience of the caregiver.

3 SECTION III: SUBMITTING CLINICAL DOCUMENTATION

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

A. PROOF OF MEDICAL NECESSITY

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

1. a prescription that meets the criteria provided in Section 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, activities of daily living (ADLs), instrumental activities of daily living (IADLs), and functional status;
- documentation of failure of less costly alternatives that are comparable in effect;
- evidence that the member has demonstrated the ability to safely use a stander or tilt table for a therapeutic length of time (defined as a minimum of 30 minutes at a time);
- for power-assisted standing components, evidence that the member has demonstrated the ability to safely and independently use the power-assisted standing components and that they will provide additional symptom relief throughout the day;
- a prescribed home-based therapeutic standing program outlining the planned use of the requested stander or table and documentation demonstrating member's ability to tolerate the standing program;

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. PRESCRIPTION REQUIREMENTS

MassHealth pays for the purchase of a stander only after the DME provider has obtained a written prescription signed by a licensed practitioner. The DME provider must submit the request for PA to the MassHealth agency no later than 90 calendar days from the date of the prescription. Also, the following requirements must be met.

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. SUBMISSION REQUIREMENTS

PA requests must be submitted by a MassHealth DME provider. Providers are strongly encouraged to submit PA requests electronically. Providers must submit all information using the appropriate Prior Authorization Request Type in the LTSS Provider Portal, or by completing a *MassHealth Prior Authorization Request* (PA-1) form and attaching pertinent documentation. If submitting a non-electronic request, the provider should mail the PA-1 form, and any supporting documentation, to the address on the back of the PA-1 form. Questions about portal access should be directed to the LTSS Provider Service Center by calling toll-free at (844) 368-5184.

Select References

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Appendix A

130 CMR 409.000: *Durable Medical Equipment Services*
https://www.mass.gov/regulations/130-CMR-409000-durable-medical-equipment-services

MassHealth DME and Oxygen Payment and Coverage Guideline Tool
https://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools

130 CMR 450.000: *Administrative and Billing Regulations*
https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations

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, they should contact their health care provider for guidance or explanation.

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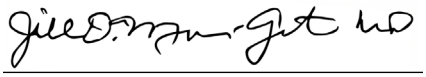
Approved by: 
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