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The Department of Vermont Health Access Supplement to InterQual® Criteria

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant Health Care Rules and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the Vermont Medicaid Portal, go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Standers (referred to as Standing Frames in InterQual®)
Last Review: August 30, 2024*
Past Revisions: n/a

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

A stander, or standing frame, is a device that enables a person who is unable to stand without support the opportunity to stand with proper support and positioning.

Types of Standers: There are many types of standers to meet many different types of need.

Unipositional Standers

- **Basic stationary standing table, podium, or frame (a type of vertical stander):** These are typically wooden boxes, or frames made from metal or plastic tubing, that are adjustable for proper support and sizing. They have foam padding covered by vinyl for protection of bony prominences. The member typically pulls on the device to stand or receives assist to stand, is properly positioned, and then the rear door is closed or supporting straps are affixed, which hold the member upright. This device is for members who have lower extremity weakness but adequate trunk and head support.
- **Vertical standers:** These devices are usually accessed from a standing position. They have positional supports to hold the member in an upright position. These devices are used by members with head and upper body control who need trunk and lower extremity support.
- **Prone standers:** These devices usually require lifting to enter. The member is positioned in a forward-leaning manner. These devices are usually used for small children who are working on increasing their head control and upper body strength.
- **Tilt table supine standers:** These devices are usually accessed from a supine position and are then gradually elevated to some degree of upright, either by a hand crank, electric motor, or hydraulics. These devices are used by members who have weakness in

their upper bodies, head, legs, and trunk, and who cannot tolerate a fully upright position or who need to approach an upright position gradually.

Multipositional Standers

- **Multipositional standing frame systems:** These devices have prone, supine, and vertical modes. They are made in children's sizes and are usually utilized in clinic settings or are purchased by facilities or schools, where multiple children might share the use of a single device. It is very uncommon for one person to require multiple standing positions.
- **Combination sit to stand systems:** These devices come with a lift system and may have a built-in seat. The devices with seats may be appropriate for members who can transfer independently or with minimal assistance, have some upper body and trunk strength, and who do not have a caregiver who is able to provide the physical assistance to enter a basic stationary stander. The member transfers onto the seat, and then activates the mechanism to obtain an upright position. Some of these devices have casters but cannot be moved by the user, some have no casters, and others have a self-mobility option usable by members who can propel a manual wheelchair. The systems without seats typically have a sling, which must be applied around the member's pelvis while seated on a wheelchair or bed. The sling then lifts the member into the standing position. The member must have adequate head and upper body strength to support themselves while standing. Use of this device may require a caregiver to apply the sling.
- **Combination sit to stand systems that are incorporated into wheelchairs:** These standing mechanisms are incorporated directly into the seating system of a manual or power wheelchair. They can be manual or power operated. Benefits of this system include the member has many more opportunities to attain the standing position throughout their day to achieve functional goals, the member will need to perform fewer transfers to attain the standing position, and the member may be able to achieve standing more independently. Disadvantages include the wheelchair may be more prone to require repairs because of increased mechanical complexity and may be heavier.

Criteria Supplemental to InterQual®

In addition to the guidance provided by InterQual®, the following information will be considered by DVHA reviewers:
All covered standers must:

- Meet the member's medical needs (HCAR 4.101);
- Match the capability of the device/accessories to the member's medical needs within the limitations of Medicaid coverage; and
- Be the least expensive, medically appropriate device (Medicaid Rule 7102.2).

A stander may be covered for members:

- When this device is prescribed by a licensed medical professional enrolled in the Vermont Medicaid program who is knowledgeable regarding re/habilitation technology and who provides medical care to the member AND
- Who meet the clinical criteria below.
    - All stander components/accessories must have documented medical necessity rationales. All components are included in the base rate of the stander. See the 12/27/2010 banner titled, The Billing of Accessories-Components.

- Standers are not usually medically necessary for members who are ambulatory, because the physiologic benefits of standing can be obtained via ambulation. The exception is when the member can only ambulate for such a short distance/time or with such significant gait deviation that they cannot achieve the physiologic benefits of standing during ambulation. The physiologic benefits of standing may include gravity assistance for bowel/bladder function, improved respiratory status due to respiratory muscle positioning, improved lower extremity and trunk range of motion through prolonged static stretch, decreased spasticity of the lower extremities and trunk through prolonged static stretch, improved hip joint stability, and improved bone density.
- Alertness/responsiveness to stimuli is listed as a requirement in InterQual® criteria but is not a Vermont Medicaid requirement for obtaining a stander. The physiologic benefits of standing can be obtained for members who have the postural ability to utilize a stander but are not alert/ responsive to stimuli.
- A member who has not stood for a prolonged period of time, and who has not had a bone density test to determine whether they have sufficient bone density to support their body weight in a standing position, must not be approved for a stander for home use without using a tilt table in a clinical setting, with oversight by a physical therapist, to gradually acclimatize the member to the bone stresses necessary for safe standing.
- Caution must also be used for members who experience syncopal episodes, autonomic dysreflexia, or sudden changes in blood pressure.
- Members with untreated dependent edema must obtain treatment for the edema before a standing program is begun.
- Other risk factors for bone fracture in the osteoporotic individual include anticonvulsant use, history of maternal hip fracture, history of hyperthyroidism, poor nutrition, standing less than 4 hours per day, resting pulse above 80, use of benzodiazepines, advanced age, smoking, and high caffeine intake.
- Current peer reviewed medical literature provides some support for a statistically significant increase in bone density with dynamic (a wheeled stander) rather than static standing. It remains unclear if whole body vibration is the contributory factor. Consideration must be given as to whether a standing component as part of the member's wheelchair, rather than a stander, would be the least expensive medically appropriate method of obtaining the physiologic benefits of standing. This is particularly the case for members who have difficulty with transferring and may experience physical sequelae from repeated transfers, such as skin tears caused by shear forces.
- Evidence supports the benefit of standing at least daily for 60-90 minutes to achieve and maintain physiologic benefits.
- Standers which also include an exercise device component are not a covered benefit because there are other ways to obtain exercise and therefore do not demonstrate medical necessity.

The most appropriate stander is the least expensive device that meets the member's medical needs.

Note: InterQual® separates out different types of standers by the mechanism involved to obtain a standing position (gas spring assisted pump, hydraulic, motorized, manual) based on weight. However, there are devices propelled by each of these mechanisms which can accommodate

other weight capacities. Manufacturer information on the specific device is always required to make an appropriate determination of the least expensive, medically appropriate device.

Type of service or procedure not covered (this list may not be all inclusive)

Multiple devices for one member.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.209	Durable Medical Equipment

Coverage Position

Standers may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding standers, and who provides medical care to the member AND
- When the clinical criteria above are met.

* Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Clinical criteria for repeat service or procedure

Repeat services are covered when the device requires replacement for one of the following reasons:

- The device has been outgrown OR
- The device no longer meets the medical needs of the member OR
- The device is no longer functional through normal wear and tear OR
- The cost of repairing the device is greater than 50% of the replacement cost
- See the DME limitation list on the VT Medicaid Portal under Provider Resources at http://vtmedicaid.com/#/resources.

Type of service or procedure covered

Standers that meet the Medicaid requirement for the least expensive device that will meet the medical need of the member.

Coding guidelines

All components and accessories are included with the base code for the stander. DME providers cannot use generic codes in addition to the base code for components and accessories.

Please see the Medicaid Portal at http://vtmedicaid.com/#/feeSchedule for fee schedules, code coverage, and applicable requirements.

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