

FUNDING GUIDE

For Standing Devices



EasyStand

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Purchasing

Standing devices are considered Durable Medical Equipment (DME) and are categorized as Complex Rehab Technology (CRT). These devices must be individually assessed and configured for best outcomes. They are designed to support a consumer, regardless of age, in a standing position.

If a Complex Rehab Technology (CRT) Supplier will not call you back, or tells you standing devices are never covered, contact us at Altimate Medical 800.342.8968 for assistance.

Step 1: Therapist and/or Physician determine medical necessity for a standing program

Before initiating a standing program, medical clearance is critical for the consumer to stand. Clinical data, and a review of relative risks and benefits of use, determine medical necessity. This information is gathered through clinical assessment and should, at minimum, include the following:

- Consumer data
- Physical findings
- Measurements

Step 2: Rehab Team determines the most appropriate standing device for the Consumer

Using the assessment data and goals for the consumer, consider all standing device options and select the device that is the least costly, equally effective alternative.

- Therapist and Consumer schedule an appointment to trial the selected type of standing device. Involve a complex rehab technology supplier (and possibly manufacturer's representative) to ensure appropriate set up of the trial equipment.
- Based on the results of the trial, determine the specific model of standing device required and necessary support and alignment options.
- Ensure the consumer/caregiver is able to successfully utilize the device and its features and will work in all intended environments.

Step 3: Gather necessary documentation from the Rehab Team for product justification

Requests for authorization of standing devices are typically submitted by the CRT supplier and must be accompanied by clinical documentation from a licensed physician or occupational or physical therapist. The writer should establish their expert credentials by describing: expertise, licenses, education, current job title and years of experience at the beginning of the Letter of Medical Necessity (LMN). Documentation must support the medical necessity for this equipment. You can find examples of LMNs on our website under the tab "Funding Guide."

Step 4: Payment decision is received from funding source

- Approval: Payment approval is granted - the supplier will order the equipment and schedule delivery with the consumer and prescribing clinician.
- Denial: If faced with a denied claim, always appeal the decision (see appeals section).

Team Process

For the greatest success getting Complex Rehab Equipment (CRT) paid for by a funding source, utilize the “Team Process.” While those involved vary case to case, the team is often comprised of the DME/CRT supplier, clinician(s), the consumer and often a caregiver or family member.

Consumer’s Role:

- As the leader, they need to follow the progression of the funding process through its conclusion
- Choose a complex rehab technology supplier that is willing to work with you and your payer(s)
- Be aware of the medical need to stand
- Research the benefits of standing
- Specify wants and needs for standing device
- Trial and determine the standing device
- Be present for the final adjustment
- Appeal if necessary (the consumer or legal guardian must start the process)
- Follow through with standing program (once device is received/adjusted) to achieve expected outcome

Caregiver/Family’s Role:

- Assume the role of the consumer (if consumer is a minor or unable to perform the task)
- Provide support and feedback to the team on transfer techniques/activities of daily living, etc.

Rehab Technology Supplier’s Role:

- Provide trial standing device or schedule product trial with a local manufacturer’s rep
- Offer expertise on standing device and available options
- Acquire prior authorization with the funding source
- Assemble, deliver and adjust device for proper fit
- Assist with the appeals process as necessary

Clinician’s Role:

- Determine medical clearance for the consumer to stand
- Clinician recommends weight bearing/standing device and program
- Clinician reviews standing device options and makes recommendations
- Clinician writes the letter of medical necessity (LMN) including trial process
- Physician usually co-signs the therapist’s LMN or writes an additional prescription
- Clinician usually attends and assists in the final adjustment of the standing device
- If the standing device is denied, clinician writes addendum or new LMN and/or attends appeals hearing
- Clinician should monitor the client’s ongoing standing program

Letter of Medical Necessity

A letter of medical necessity (LMN) is a detailed prescription a clinician writes and is submitted to the funding source. Visit our website for specific examples of LMN's, as well as articles and resources that help create an effective letter. The letter should be consumer specific, not just a list of the medical benefits of standing.

Documentation must communicate the process that was followed, the options that were considered, and the medical necessity for the requested equipment. The documentation should include all of the following (use information obtained from the Standing Device Evaluation Worksheet to help create this documentation):

1. A detailed letter of medical necessity (LMN) contains:
 - Writer's expert credentials
 - Consumer's name, date of birth, weight and height
 - History and physical exam by clinician including summary of medical condition, diagnosis/onset, prognosis, and co-morbid conditions
 - Functional and physical assessment including, but not limited to, strength, range of motion, tone, sensation, balance, ADLs, IADLs, and functional status
 - Documentation of other devices considered, and why each was ineffective for the consumer
 - Documentation of trialed device(s) and outcomes of the trial(s)
 - Justification of the model of device being recommended as well as each option and accessory required for the consumer
 - Evidence that the consumer demonstrated the ability to safely use the device independently or with appropriate assistance
 - Outline of the prescribed standing program recommendations
 - Any applicable research to support intended outcomes

2. A prescription for the device from the consumer's physician (this is typically a co-signature on the LMN stating the physician agrees with the prescribed device). All appropriate medical professionals involved in the consumer's care, as it relates to standing should also co-sign the LMN or provide additional documentation to support need. Examples include: Physiatry (Rehabilitation Medicine), Neurology, Orthopedics, Cardiology, Urology, Primary Care, Occupational Therapy, Physical Therapy, Speech Language Pathology, Psychology, etc.

3. Documentation that the consumer's environment can accommodate the device

4. Detailed quote and/or order form for items being requested

5. Any other information required by the specific funding source

Research & Articles

Research Studies Support Standing

Physicians and therapists have recommended standing/weight bearing for people with a range of disabilities and based on a variety of medical benefits. Passive standing has been demonstrated to prevent, reverse, or improve many of the adverse effects of prolonged immobilization. We have compiled over 200 research studies and articles documenting the many benefits of standing. Visit our website and search by health benefit, diagnosis, author or title. We provide links to the abstract or full article when available.

Medical Benefits of Standing Literature

- Prevent Calciuria and Maintain or Gain Bone Density
- Reduce Spasticity, Tone, Spasms
- Maintain Range of Motion, Prevent Contractures
- Improve Circulation/Respiratory/Cardio Function
- Develop or Improve Motor Function
- Promote Psychosocial Skills and Improve Sleep
- Improve Bladder Function
- Improve Hip Integrity
- Manage Pressure Ulcers/Maintain Skin Integrity
- Improve Bowel Function & Digestion
- Improve Strength
- Improve Pain Management
- Standing Protocol and Benefits of Standing Overview
- Effects of Immobilization
- Review of Literature

Activity Specific Studies

- Active (Reciprocal Leg Movement) Standing
- Weight Bearing & Functional Electrical Stimulation (FES)
- Mobile/Dynamic Standing
- Vibration While Standing

Diagnosis Specific Studies

- Spinal Cord Injury
- Cerebral Palsy
- Stroke
- Multiple Sclerosis
- Muscular Dystrophy

Other

- School-Based Therapy
- Elderly/Long-term Care/Nursing Homes
- Funding/Documentation for Standing Devices
- Standing Device Comparison/Product Evaluation

Appeals

While the benefits of standing are numerous, occasionally, funding sources do not agree with consumer needs. Many standing devices have been paid for after an appeal. EasyStand is here to help you understand and navigate the appeals process for standing devices. Visit our website for resources to appeal an equipment denial.

Step 1: Don't take "No" for an answer

Appeal if denied! The consumer must start the appeals process.

Step 2: Review the submitted documentation

Was it complete? Does it include the devices considered, the equipment trial process and the individual's specific medical needs? If you are not comfortable reviewing the letter of medical necessity fax it to 952-937-0821 or email nancy@easystand.com and we will be happy to assist with the review.

Step 3: Request an appeal in writing

This written request must be received by the funding source within a specified time frame, usually within 90 days. Send a copy of the notice of denial with the funding appeal letter and keep the originals. The notice includes necessary information such as recipient's name, address, and ID number.

Step 4: Referee will be assigned to hear the appeal

The referee may schedule a telephone hearing. Although, you have the right to an in-person hearing which is usually preferable. You can, in fact, state in the letter that the hearing be held in-person.

Step 5: Identify potential expert witnesses

Such as a Physical Therapist, Occupational Therapist or Psychiatrist. In-person testimony is desirable; however, it is acceptable to have testimony by phone or in a written letter of medical necessity.

Step 6: Assistance from an advocate or attorney

PAAT (Protection Advocacy for Assistive Technology) attorneys are a free resource available to assist clients with disabilities and their families as they seek funding for Assistive Technology. Visit the "funding guide" tab on our website for a directory of legal and funding services.

Legal & Resource Services

Two funding resources we feel are particularly helpful for standing devices and other complex rehab technology are the Protection Advocacy for Assistive Technology (PAAT) attorneys and the Assistive Technology (AT) Project in each state. Visit the “funding guide” tab on our website for a directory of funding and legal services.

PAAT Attorneys

PAAT attorneys and advocates are a free resource available to assist people with disabilities and their families as they seek funding for AT. PAAT locations throughout the U.S. offer support, resources and guidance through the appeals process.

AT Projects

Each state has an AT Project that has information about assistive technology resources for that state. The goal of AT Projects is to increase access to assistive technology for all people. Services that may be provided include:

- Awareness activities about AT and its uses
- Advocacy for individuals and their families about rights to AT services
- Technical assistance selecting the appropriate AT devices
- Short term loan of AT equipment to try out at work, home, school, etc.
- AT resource information and referral to other programs

Coding

Types of Standing Devices

The following is a description of standing device categories with related product characteristics and applications:

E0637- Sit-to-Stand System, w/ Seat Lift

Combination Sit-to-Stand system, any size including pediatric, with seat lift feature, with or without wheels. Seats may be stationary or swiveling, solid or sling style. The lift can be power or manual hydraulic. A standing frame coded under E0637 begins with the user in a seated position, which may allow for independent transfers into the device. Sit to stand devices allow the user to transition between sitting and standing without having to be lifted or transferred out of the device. This enables the user to stand in frequent, small bursts throughout the day, which is important for bone mineral density and skin integrity (pressure relief). E0637 devices provide a safe and supportive transition to standing by providing a slow transition to stretch tight muscles. It is designed to accommodate joint contractures by allowing clients to stand at any degree of knee or hip flexion. It provides options for corrective or therapeutic positioning.

E0638- Standing Frame System

Standing Frame/Table system, one position (e.g. upright, supine, or prone stander), any size including pediatric, with or without wheels. A standing frame system coded under E0638 is usually a non-powered, single-position (Prone, or Supine, or Upright) standing device. It may be a table style support or an upright podium or frame. The primary purpose is to reorient an individual to an upright position or sustain a weight bearing position. E0638 devices are simple pieces of equipment and designed only to help support the person securely in a standing posture. It utilizes only one position and may have difficulty accommodating for significant joint contractures. It typically does not have a lift mechanism that the user can access independently to assist with the transition to standing.

E0641- Standing Frame System, Multi-position

Standing Frame/Table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels. A multi position standing frame, E0641, is a standing device that has the capability to have parts added or removed to allow the user to be positioned in either a prone or a supine position. The primary purpose of the E0641 is to transition a user to a vertical, weight-bearing position over time, as well as giving options for either prone or supine standing for clients whose needs are expected to change (degenerative conditions, fluctuating conditions, etc.). It may have options to accommodate for joint contractures. It typically does not have a lift mechanism that the user can access independently to assist with the transition to standing.

E0642- Standing Frame System, Mobile

Standing Frame/Table system, mobile (dynamic stander), any size including pediatric. A Mobile or Dynamic Standing system, E0642 is a standing device that allows the user to be positioned in upright, sit to stand, slightly prone, or slightly supine position depending on device, then independently move the standing device. Independent manual propulsion is accomplished by means of large wheels or drive wheels. Standing mobility provides greater independence, functional performance and opportunity for exploration and interaction with peers.

Evaluation Worksheets

Introduction

This Evaluation Worksheet provides clinicians, suppliers and consumers with an outline of the evaluation process to determine medical justification for a standing device and to determine the most appropriate option to meet an individual's needs. Clinicians and suppliers are encouraged to review related information contained in the **NCART Standing Device Funding Guide**.

Standing devices can be a standalone piece of equipment or may be incorporated into a manual or power wheelchair base. This evaluation worksheet can be used when considering the prescription of any type of standing device, but it does **NOT** replace the letter of medical necessity (LMN). The information in this evaluation worksheet will help the clinician collect data that can then be used to write the detailed LMN for the consumer. **Remember, this evaluation worksheet does NOT replace the letter of medical necessity.**

All appropriate medical professionals involved in the consumer's care as it relates to standing should sign the LMN. Examples include: Physiatry (Rehabilitation Medicine), Neurology, Orthopedics, Cardiology, Urology, Primary Care, Occupational Therapy, Physical Therapy, Speech Language Pathology, Psychology, etc.

I. Consumer Data

Consumer Information

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____

Work phone: _____

Social security #: _____

Date of birth: _____

Parent/Guardian

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____

Work phone: _____

NCART Standing Device Evaluation Worksheet

Primary Funding Source

Name: _____

ID #: _____ Group #: _____

Claims phone: _____

Case manager: _____

Secondary Funding Source

Name: _____

ID #: _____ Group #: _____

Claims phone: _____

Case manager: _____

Consumer's Employment/School Information

Employer/school: _____

Address: _____

City, State, Zip: _____

Title/Grade: _____

Supervisor/educator: _____

II. Physical Findings

Diagnosis/Prognosis: _____

Sex: _____ Height: _____ Weight: _____ Onset of disability: _____

Medical history: _____

Chief complaints/Presenting problems: _____

NCART Standing Device Evaluation Worksheet

Functional Status:

Ambulation: None Wheelchair for mobility Limited- Device used: _____

Walking Distance: _____

Mild assist Moderate assist Maximum assist

Transfer: Independent Dependent- One person assist Two person assist

Method: _____

Activities of daily living: Independent Partial assist Dependent

Living environment: Home Apartment Institution Single level Multi-level

Owns Rents

Transportation: Car Van Public transportation Other _____

Cognitive level: On age Level Delayed/Impaired

Understands safety of self & others Developmental/Psycho-Social need for standing

Comments: _____

Communication: Verbal Non-verbal Augmentative Communication- Device _____

Comments: _____

Physical Status:

Sitting Balance: Good- hands free capability to weight shift Fair- hands free only

Poor- propped & hand support Dependent- needs external support

Muscle Strength: U/E Normal Reduced None

L/E Normal Reduced None

Sitting Posture (unsupported):

Posterior pelvic tilt: None Fixed Flexible Other _____

Anterior pelvic tilt: None Fixed Flexible Other _____

Pelvic obliquity: None Fixed Flexible Other _____

Pelvic rotation: None Fixed Flexible Other _____

Kyphosis: None Fixed Flexible Other _____

Lordosis: None Fixed Flexible Other _____

Scoliosis: None Fixed Flexible Other _____

Head/neck hyperextension: None Fixed Flexible Other _____

Leg abduction: None Fixed Flexible Other _____

Leg adduction: None Fixed Flexible Other _____

NCART Standing Device Evaluation Worksheet

Would this be an Initial or Replacement standing device- Initial Replacement

If item is Replacement:

Current stander and when obtained- _____

Issues with current stander requiring replacement- _____

Is individual on a current standing program- Yes No If yes, describe results:

Therapies Received: PT OT Speech Other _____

Other notes: _____

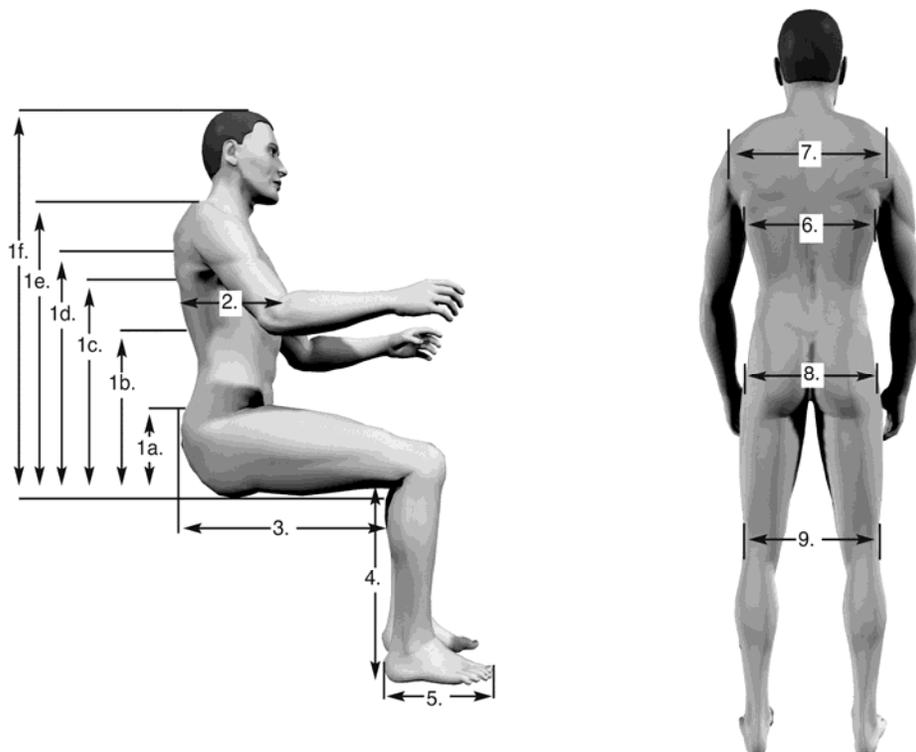
NCART Standing Device Evaluation Worksheet

III. Measurements in Sitting & Standing (see diagram)

1. Seat surface (the contact point of the buttocks to) or Standing:

| | Left | Right | Standing |
|---------------------------|------|-------|----------|
| a. PSIS | | | |
| b. Elbow | | | |
| c. Inferior Scapula Angle | | | |
| d. Axilla (Armpit) | | | |
| e. Top of Shoulder | | | |
| f. Top of Head | | | |

2. Trunk depth (back surface to front of the ribs) _____
3. Seat depth/thigh length (back surface to popliteal angle of knee) _____
4. Back of knee to heel (or weight-bearing area) _____
5. Foot length (with shoes & AFO's if applicable) _____
6. Trunk width (across chest) _____
7. Shoulder width _____
8. Hip width _____
9. Outer knee width (relaxed, with knees apart) _____



NCART Standing Device Evaluation Worksheet

IV. Standing Device(s) Considered

Document each standing device considered in the areas below **and list why it was ruled out or why it is being chosen** for the consumer.

Single Position Standing Frame System (E0638)

Note: Position of use may be prone **OR supine **OR** upright.*

Pertinent Findings: _____

Transfer method: independent one-person two-person patient lift required

Sit-to-Stand System (E0637)

**Note: Position of use transitions consumer between sitting and standing to upright.*

Pertinent Findings: _____

Transfer method: independent one-person two-person patient lift required

Multi-Position Standing Frame System (E0641)

Note: Single device can be utilized in any **ONE of these three positions: prone/supine/upright.*

Pertinent Findings: _____

Transfer method: independent one-person two-person patient lift required

Mobile Standing Frame System (E0642)

**Note: Any of the above standing systems with the addition of a mobile option.*

Pertinent Findings: _____

Transfer method: independent one-person two-person patient lift required

NCART Standing Device Evaluation Worksheet

Manual Wheelchair Accessory, Manual Standing System (E2230)

**Note: Manual standing feature, which is part of a manual wheelchair base (accessory).*

Pertinent Findings: _____

Transfer method: independent one-person two-person patient lift required

Power Wheelchair Accessory, Power Standing System (E2301)

**Note: Power standing feature, which is part of a power wheelchair base (accessory).*

Pertinent Findings: _____

Transfer method: independent one-person two-person patient lift required

Other Standing Device: _____

Pertinent Findings: _____

Transfer method: independent one-person two-person patient lift required

V. Standing Device Recommended

Type of stander needed: _____

Manufacturer/Model: _____

Trial Date: _____

Considerations and Outcomes of Standing Device Trial

1. Does the consumer have consistent access to the device (including transfer considerations and care giver availability)? YES NO _____

2. Is the patient able to operate the stander independently? YES NO _____

NCART Standing Device Evaluation Worksheet

3. Does the stander have adequate supports, anteriorly, posteriorly, and laterally to position the person in a symmetrical aligned standing? YES NO _____

4. What support and alignment options/accessories are necessary to properly position the consumer? _____

5. Does the stander have enough adjustment to allow for individual fit and allow for growth or body changes? YES NO _____

6. Is this stander appropriate for the client's home environment or the environments in which it will be used? YES NO _____

7. Did the consumer remain medically stable throughout the trial? YES NO _____

8. Additional comments to justify standing device type: _____

VI. Summary

A standing device is being recommended for the following reasons (check those applicable):

- Improve/Maintain range of motion: Current Issue At risk
- Decrease joint/muscle contractures: Current Issue At risk
- Management of atrophy in the trunk and leg muscles: Current Issue At risk
- Improve strength to trunk and lower extremities: Current Issue At risk
- Decrease muscle spasms: Current Issue At risk
- Improve/Maintain bone integrity/skeletal development: Current Issue At risk
- Lessen/Manage the progression of scoliosis: Current Issue At risk
- Manage pressure (ulcers) through changing positions: Current Issue At risk

NCART Standing Device Evaluation Worksheet

- Improve bowel function and regularity: Current Issue At risk
- Aid in kidney and bladder functions: Current Issue At risk
- Strengthen cardiovascular system and build endurance: Current Issue At risk
- Improve circulation: Current Issue At risk
- Reduce swelling in lower extremities: Current Issue At risk
- Improve independence with activities of daily living: Current Issue At risk
- Improve cognitive and psycho-social: Current Issue At risk

Standing program recommendations (incl. frequency/duration): _____

Describe in detail the current problems and associated costs this consumer may be having due to the absence of the standing program listed above: _____

Evaluation completed by: _____

Title: _____

Phone: _____

Facility: _____

Address: _____

Signature: _____

Date: _____

This Evaluation Worksheet was developed by the National Coalition for Assistive and Rehab Technology (NCART) Standing Device Workgroup. NCART seeks to ensure that individuals with disabilities have appropriate access to complex rehab technology (CRT) and related services. For additional information regarding CRT visit www.ncart.us.

Medical Benefits of Standing

Improve/maintain range of motion

Decrease joint/muscle contractures

Management of atrophy in the trunk and leg muscles

Improve strength to trunk and lower extremities

Decrease muscle spasms

Improve/maintain bone integrity/skeletal development

Lessen/manage the progression of scoliosis

Manage pressure (ulcers) through changing positions

Improve bowel function and regularity

Aid in kidney and bladder functions

Strengthen cardiovascular system and build endurance

Improve circulation

Reduce swelling in lower extremities

EasyStand 
standing made easy

EasyStand®

standing made easy



Bantam
Extra Small
28"-40" up to 50 lbs.
Small
36"-54" up to 100 lbs.



Evolv
Medium
4'-5'6" up to 200 lbs.
Large
5'-6'2" up to 280 lbs.
XT
6'-6'10" up to 350 lbs.



Glider
Medium
4'-5'6" up to 200 lbs.
Large
5'-6'2" up to 280 lbs.



StrapStand
5'-6'5" up to 350 lbs.



Bantam
Medium
4'-5'6" up to 200 lbs.



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Standing technology should only be used under the guidance of a physician with recommendations for standing program protocol and any medical precautions. Standing programs should be monitored by the attending therapist. AMI maintains a policy of continual product improvement and reserves the right to change features, specifications, and prices without prior notification. Check with AMI for latest information. FORM FG100814 REVA Copyright © 2014 Altimate Medical, Inc. All rights reserved. Printed in the USA.