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# WISCONSIN MEDICAID UPDATE

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FEBRUARY 16, 1996

UPDATE 96-01

TO:  
DME Vendors  
Home Health Agencies  
Occupational Therapists  
Orthotists  
Pharmacies  
Physical Therapists  
Prosthetists  
Rehabilitation Agencies  
Therapy Groups

## **Standers: Changes to Prior Authorization Guidelines, Life Expectancy, and Maximum Allowable Fee - Effective March 1, 1996**

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### **Changes to Prior Authorization Guidelines**

Prior authorization guidelines have been revised for prone standers, supine standers, tilt tables and standing frames effective March 1, 1996. The guidelines are attached.

### **Revised Life Expectancy**

The life expectancy for prone standers, supine standers, tilt tables and standing frames is changed to *one per lifetime*, effective March 1, 1996.

### **Revised Maximum Allowable Fee for Prone Standers - Small**

The maximum allowable fee for Prone Standers - Small (W6847) is changed to \$400.00, effective for dates of service on and after March 1, 1996.

# Revised Prior Authorization Guidelines

## Prone Standers, Supine Standers, Tilt Tables and Standing Frames

Prior authorization documentation and clinical requirements for prone standers, supine standers, tilt tables and standing frames have been updated. This is a summary of the updated prior authorization guideline key elements and is not all inclusive. A brief equipment description precedes the key elements of the guidelines. The complete guidelines for standers are available upon written request to the Bureau of Health Care Financing, 1 West Wilson Street, P.O. Box 309, Madison, WI 53701-0309. Refer to the DME Index for more information about this equipment.

### Prone Standers, Supine Standers, Tilt Tables and Standing Frames

#### *Description:*

*Prone standers, supine standers, tilt tables and standing frames are devices that allow a person to stand unaided. This does not include orthotics (except L1500 and L1510), prosthetics, various transfer devices or wheelchairs.*

#### Key Elements:

1. Standers are generally appropriate only for children.
2. Allowable diagnoses are: cerebral palsy, spina bifida, developmental delay, congenital anomalies, brain injury, meningomyelocele and muscular dystrophy.
3. The recipient must be involved in an active physical therapy program. The program must include specific and measurable goals for significant improvement (not maintenance) expected in the areas of standing pivot transfers and/or ambulation skills.
4. The recipient must be unable to work on the goals specified in Number 3 without the assistance of two people.
5. Documentation must include a written carry over plan for caretakers to actively work toward specific therapy goals.
6. Documentation must indicate that the recipient has achieved necessary developmental skills (i.e., head control, minimal trunk control, crawling, creeping, rolling).
7. Documentation must include the stander's brand and model number. Additional positioning features, for which additional reimbursement is requested, must include manufacturer information clearly documenting that these features are not standard with the basic stander.
8. The stander must be size-appropriate for the recipient. Growth features are not medically necessary.

9. Motorized, hydraulic or electric standers, and standers with wheels for mobility will not be approved because these features are not medically necessary.
10. Multi-positional standers are considered institutional equipment and will not be approved.

**Note:**

The specific code for the stander's style and size must be used. Miscellaneous or "not otherwise classified" codes will not be approved.