



STANDING WHEELCHAIR ALGORITHM:

Step 1: Determine if a standing wheelchair is appropriate for the client.

- Has the client been cleared to stand by their physician?
IF NO – DO NOT MOVE ON UNTIL PHYSICIAN CLEARANCE IS GRANTED!
- Does the client require a standing device to achieve symmetrical standing?
- Will the standing wheelchair improve medical issues?
 - a. Skin Health
 - b. Bowel/Bladder (i.e. constipation, UTI's, kidney stones, etc.)
 - c. Spasticity
 - d. Joint Contractures
 - e. Bone Mineral Density
 - f. Respiratory Function/Capacity
 - g. Gastro-Intestinal Management
 - h. Cardiovascular Management
- Will the standing wheelchair improve independence with MRADL's?
 - a. Toileting (enables some male users to use a public urinal independently, upright positioning promotes bladder emptying – whether catheterizing or self eliminating)
 - b. Feeding (promotes access to food preparation including grocery shopping, cooking, reaching items in kitchen cabinets and refrigerator)
 - c. Dressing (may reduce spasticity for improved ability to complete dressing tasks, improves access to closets, hanging clothes, and drawers)
 - d. Grooming (increased vertical position improves access to bathroom mirrors and sinks)
 - e. Bathing (improved access to obtain bathing supplies such as towels, soap, etc.)

If the answers to any/all of the above were “YES” – proceed to Step 2.

Step 2: Schedule an evaluation with rehab team to trial the standing wheelchair.

- Involve the manufacturer's representative to ensure appropriate set up and fine tuning to mock up the demo as accurately as possible.
 - For Permobil VS/VS Junior – [Refer to VS Quick Start guide](#)
- Determine the type of standing sequence required (i.e. sit to stand, multi-positional stand, etc.) – try multiple techniques if available.
- Ensure the client is comfortable with the standing feature and can operate the wheelchair (driving and seat functions).
- Trial the wheelchair in the client's home environment, vehicle, and/or work place.

If this trial was successful, proceed to Step 3. If not, consider a non-standing wheelchair or a different type of standing wheelchair.

Step 3: Obtain necessary documentation from rehab team for medical justification.

- Letter of Medical Necessity (LMN) – to be written by physician and/or therapist involved in the client's care using information from Step 1 and Step 2.
 - Sample LMN's can be found at:
<http://www.permobilusa.com/USA/Support1/documentsreferences-std/>
 - More specific examples of LMN's or additional help can also be obtained by contacting Permobil's standing specialist (amy.meyer@permobilus.com)
- Encourage the client/family to begin advocating for this equipment by contacting the funding source to ensure that they have all necessary information to approve the claim.

Submit documentation to the insurance provider for authorization.

Step 4: When faced with a denied claim, appeal the decision to the highest level necessary.

- Be sure you have the denial in writing with specific reasons for denial included.
 - Respond with a letter or phone call to case manager to resolve any questions.
- Contact your Permobil Sales Representative and Amy Meyer, PT, ATP – Standing Specialist (amy.meyer@permobilus.com) for assistance with the appeals process.
- Contact your State's Protection and Advocacy Agency for legal counsel if claim reaches the "fair hearing" level.
 - <http://www.acf.hhs.gov/programs/add/states/pas.html>
- Encourage the client and family to continue advocating for themselves and remain actively involved.
- Reasons for Denial:
 - **Non-Covered Benefit**
 - This is not a legal reason for denial with State/Federally funded programs
 - With private insurance, look in the policy for the definition of Durable Medical Equipment (DME) and medical necessity – explaining how the standing wheelchair qualifies as a medically necessary item of DME.
 - Many times the definition of "program exceptions/excursions" will end with a statement such as, "anything else that is not medically necessary." – this provides an opportunity to appeal the decision.
 - **Not Least Costly Alternative**
 - Are there any other **true** alternatives. To be an alternative, the equipment must be *equally effective*.
 - **Not Medically Necessary**
 - Review specific program definition of medical necessity and DME and explain how the standing wheelchair meets those definitions.
 - **Other Discriminatory Reasons** – These are appealed citing federal law and overturned court cases involving similar denial reasons. Examples include:
 - Age
 - Diagnosis
 - Life Expectancy

DON'T GIVE UP! Make sure that all appeal rights have been exhausted!