

Pulling for Payment

Persistence and a team effort can persuade payers to foot the bill for assistive standing devices.

By Megan Flaherty



ILLUSTRATION BY DOUG DAVIS

Persuading payers to foot the bill for assistive standing devices is a big challenge for patients with spinal cord injuries or degenerative diseases and for these patients' health care providers.

Studies show that standing systems — which position wheelchair users into an upright posture — help prevent pressure sores, improve circulation and range of motion, and lessen muscle contractions. They also build self-esteem and enhance independence, researchers say.

However, getting those points across to payers can be difficult, and securing funding for a standing system often involves several appeals and volumes of paperwork. A clinician, case manager or durable medical

equipment manufacturer may have to actively advocate on the client's behalf.

Fortunately, perseverance often pays off, experts say. "Over 90 percent of appeals we are involved in or aware of prevail," says Mary Boegel, co-owner and president of Fresno, Calif.-based Prime Engineering, which manufactures standing systems.

Clinicians commonly assume that funding isn't available, but that assumption is outdated, Boegel says. "I'm not saying it's necessarily easy [to get funding], but we feel you can be highly successful if you take the time to present the right evidence."

Clinicians and case managers can increase a patient's odds of securing funding

by carefully documenting the health benefits and cost-savings attached to standing systems, and by being persuasive and persistent in presenting the case, experts say.

Burden of proof

Because of the \$1,500 to \$2,000 minimum price tag on a traditional stander — and much higher prices for mobile standers and standing wheelchairs — payers generally won't approve a prescription for such a system without detailed proof of its medical necessity.

For example, Medicaid and Medicare may not deem a standing system "reasonable and necessary" for the treatment of illness or injury. Medicaid policies on funding for durable medical equipment, including

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standing devices, differ widely from state to state, says Craig Palosky, a spokesman for the Health Care Financing Administration.

Under Medicare, standing systems are categorized as “patient lifts,” Palosky says. They’re covered if medical staff at local HCFA contractors “determine that a patient’s condition is such that periodic movement is necessary to affect improvement or to arrest or retard deterioration in his or her condition,” according to HCFA.

Private insurers have traditionally funded standing systems more than government payers, manufacturers say. However, many health plan policies don’t explicitly include standers on their lists of covered items.

For example, Humana Inc., a managed health care company based in Louisville, Ky., does not cover standing systems, according to spokeswoman Mary Sellers. However, if an enrollee appealed a decision regarding a standing system, an internal committee would review the request, she says.

Kaiser Permanente, the nation’s largest HMO, would cover a specific type of standing system for an enrollee if his or her employer had purchased a group policy rider or enhancement that included durable medical equipment, says spokeswoman Dena Durkin.

Private insurers tend to approve a claim only after several submissions, says Jackie Haen, U.S. marketing manager for Morton, Minn.-based Altimate Medical, which manufactures the EasyStand. Standerers are approved more quickly and easily for individuals under age 21 and for adults with workers’ compensation insurance, she says.

“It’s really different from insurance company to insurance company,” says Dan De Jong, account manager for Stand Aid of Iowa, Sheldon. “Some say that with proper documentation and justification, they don’t see a problem. But some still question the benefits of standing.”

Whether funding will be secured really boils down to whether durable medical equipment is written into a patient’s insurance policy and to the strength of the letter of medical necessity, De Jong says.

Prevention and the bottom line

The letter of medical necessity must be thorough, personalized and accompanied by as much supporting information as possible, experts say. “It’s kind of like preparing a case to go to court,” says Andreas Kubbier, owner and president of Independence Providers in Pleasantville, N.Y., which manufactures the Lifestand.

Usually, the patient’s physical therapist writes the letter, and the physician and therapist both sign it, says Stacey Cox, a physical therapist at Allied Services in Scranton, Pa. The letter should emphasize that the standing system will prevent medical complications and bowel problems down the road, Cox says. “The bottom line is that it will save the insurance company money in the future,” she says. “Usually insurance companies will pay for a stander if you push that issue.”

The cost benefits should be laid out in as much detail as possible, agrees Haen. “You should tell the insurer how buying a \$2,500 stander now will save thousands in the long run.” For example, she says, “Will the benefits of standing reduce the cost of hospital stays, surgery or medication? What will happen to this patient if he or she doesn’t stand?”

The benefits of standing are actually quite simple to understand, and sometimes all payers need is education about the devices, says Boegel. “Quite simply, the body was created to stand. All of our internal systems respond to being in that upright position,” she says. “If you don’t stand, your body begins to de-adapt musculoskeletally.”

Boegel and other manufacturers collect scientific studies of the benefits of standing and make them available to consumers and health profes-

sionals. “It’s not difficult to understand,” she says, “because it’s one of the more natural things we do: We eat, we sleep, we breathe, we stand.”

In addition to emphasizing the preventive advantages and cost benefits of a standing system, an effective letter of medical necessity describes the individual’s current condition, level of function, daily living situation and the equipment’s features, Haen says. Generally, the more medical specialists documenting a patient’s need for a standing system the better, Kubbier tells patients. Powerful letters from a urologist, spinal cord specialist and physiologist are ideal.

Training and compliance

Before approving a stander, payers also want to know the basic facts regarding how many times a week and for how long the system will be used, says De Jong. A patient should have tried out the system through ongoing outpatient therapy, with the physical therapist witnessing the use and benefits, he recommends.

A physical therapist should extensively train a patient on how to stand safely before prescribing a standing system for use in the home, says James Walter, PhD, a research physiologist at Hines VA Hospital in Hines,

Health benefits of standing

- Helps prevent pressure sores.
- Helps improve circulation.
- Lessens muscle spasms and contractions.
- Aids in preventing atrophy of the leg muscles.
- Helps maintain bone integrity.
- Helps reduce swelling in the lower extremities.
- Helps improve range of motion.
- Strengthens the cardiovascular system.
- Builds endurance.
- Helps to reduce infection by helping kidney and bladder function.
- Can improve bowel regularity and function.

Source: Independence Providers, Thornwood, N.Y.

III. Before approving a standing system, payers want verification that patients have had enough training that they won’t break a bone or become nauseous when they attempt to stand, he says. Payers also want proof that a patient is willing and able to stand, and that there are suitable facilities and assistance available (where needed) in the home for standing. “With an adequate training program, compliance will be high,” Walter says.

Payers fear that a stander will remain in the corner unused if a patient doesn’t like using it or has difficulty transferring in and out of it, experts say. Anne Llewellyn, RN, BS, CRRN, CCM, CEAC, an independent case manager in Fort Lauderdale, Fla., worked with a patient who had been shot on the job and was paralyzed from the waist down. The man, who was insured through workers’ comp, was recuperating well. His rehab team recommended a stander at home, and he received it. However, the man wasn’t using the system because he couldn’t lift himself into it. His mother, the only other person living with him, couldn’t lift him either.

When Llewellyn took over his case, she noticed the problem and helped secure the man a replacement stander that could be better manipulated. He now regularly uses the device, Llewellyn says. “It gave him some hope,” she says. “He was able to stand at the counter and do things he otherwise wouldn’t have been able to do.”

In this instance, as the on-site case manager — who advocated for the patient and acted as a liaison between the patient, providers and insurer — Llewellyn was able to quickly detect and solve the problem. “I was better able to understand the situation and communicate with the payer,” she says,

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“so they understood that [a stander] is an investment for decreasing complications from fractures and other problems that result from immobility.”

It's a case manager's job to appeal for clients if a piece of durable medical equipment is initially denied, Llewellyn says. Private group health policies may not cover a particular piece of durable medical equipment such as a standing system, but documenting the item's preventive benefits may prompt the insurance company to go out of its benefit plan, Llewellyn says. “If a rehabilitation provider gets denied, sometimes it doesn't take that extra step to appeal,” she says. “My job is to follow up.”

Case managers definitely make a difference in securing funding for standers, De Jong says. “They gather the information and present it to the medical review board on the patient's behalf. It helps to have someone give background, rather than just showing the prices and equipment.” He has worked with some people for up to four years to get a standing system approved, although a wait of three to six months is more typical, he says.

Try, try again

Tenacious patients and patient advocates are most successful in getting funding for standing



systems, experts say. “If people don't have cash, they have to rely on their insurance,” De Jong says. “Some don't want to mess with it and some will fight tooth and nail to get it.”

The non-assertive people may be intimidated by an initial denial and give up because they don't want to jeopardize their relationship with their insurer. Although wheelchairs and standing systems serve different functions, patients may worry that the insurer will come through with only one item or the other. “They may be cautious because they are working on getting a new chair and don't want to fall into the bad graces of their insurer,” De Jong says.

On the other hand, assertive people pull out all the stops and won't give up, Kubbier says. “You can call your mayor, governor or congressman,” he says. “You can go to the media. The squeaky wheel gets attention.”

However, if patients and their health care providers are getting nowhere with insurers, they shouldn't just throw in the towel, sources say. School systems, churches and charity organizations sometimes pitch in part of the cost of a standing system if a patient hasn't received full funding from his or her insurer. And in some cases,

Standing systems from A to Z

Standing has been a serious part of rehabilitation therapy since the 1950s, says Mary Boegel, co-owner and president of Prime Engineering in Fresno, Calif.

During those years, manufacturers and scientists have designed standing systems with varying degrees of sophistication.

At the low end of the price scale are the standing frames that patients' friends or families sometimes build themselves, using wood, says Stacey Cox, a physical therapist at Allied Services in Scranton, Pa.

At the high end are motorized seating-to-standing position wheelchairs. The “Cadillac version” of a standing power chair retails for up to \$18,000, says Andreas Kubbier, owner and president of Independence Providers, Pleasantville, N.Y.

charities may even cover the entire cost, manufacturers say.

In addition, manufacturers offer consumers and providers guides to filling out letters of medical necessity, samples of successful letters, and collections of medical documents and articles related to standing.

Megan Flaherty is a freelance writer specializing in health care topics.