

# making YOUR OWN LUCK

*Written By Nancy Perlich, COTA, ATP*

Who deserves to stand? A 16 year-old high school student with cerebral palsy, a middle-aged male with a T7 spinal cord injury, or a 7 year-old with metabolic syndrome? They each sit in their wheelchairs all day long and are at risk for many types of immobilization issues from contractures, pressure sores, digestion problems and more. As complex rehab suppliers, most of us would probably say they all deserve to stand.

But who will be “lucky” enough to get funding for a standing frame? I use the word lucky lightly because it is not so much luck that is needed, but work and persistence. One of my favorite quotes from Thomas Jefferson is, “I’m a great believer in luck, and I find the harder I work, the more I have of it.”

So, let’s go back to our three very different consumers. Who do you think was lucky enough to get their stander covered by insurance? Well, they all got their standers covered by insurance, but each had to take a different path. One had to take more steps and the one who most thought would have the least resistance (the youngest of the group) had to appeal three times!



# Vicki

CEREBRAL PALSY, AGE 16, MINNESOTA

**FUNDING:**

Private Insurance paid on first submission

**CRITICAL TO SUCCESS:**

Good documentation, product trial information and home standing program testimony

Vicki is an active 16 year-old high school student. She was born with cerebral palsy and has very limited use of her arms and legs. She uses a power wheelchair for mobility and drives using her head control switches.

Vicki first stood in preschool using a supine stander owned by the school. Her standing program's goal was to maintain lower extremity range of motion. After preschool they didn't do much standing therapy in school. So the family pursued obtaining their own stander for a home standing program, through the local rehab hospital. The hospital therapist did an evaluation and determined a stander where Vicki could actually stand from the seated position would be easier and safer for her than using a supine stander.

To gain funding for Vicki's stander, good documentation including product trials were a key element in the letter of medical necessity. The family also gave the payer personal testimony on how the stander would benefit Vicki at home. As a result, Vicki's stander was paid for through private insurance on the first submission.

# Jeff

T-7 PARAPLEGIC,  
40+ YEARS POST SCI, FLORIDA

**FUNDING:**

Insurance paid after one appeal

**CRITICAL TO SUCCESS:**

Physiatrist and case manager support/advocacy,  
revision of LMN, case manager's presentation  
to insurance panel

Jeff has a T-7 spinal cord injury from a motorcycle accident that happened in December 1970. As a freshman in college (and an athlete), he knew a lot of things would change after his accident. Jeff's motto is "we are born with destinies, and we can then fulfill them or screw them up; it's our choice." About a year after the accident, he re-enrolled in college. After getting his associate's degree, he went on to receive his master's in rehab counseling. Jeff began working as the director of two separate transitional living facilities in Florida and the statewide director of independent living in the state of Georgia. He understands the benefits of rehab equipment, such as standers.



In September 2004, due to hurricanes and not having power or water for more than seven days, Jeff developed a bladder infection and a significant pressure sore. The pressure sore proceeded to develop into osteomyelitis. He was put on IV antibiotics for three months as well as utilizing a "wound vac" to expedite healing. Once the osteomyelitis was eradicated, Jeff still had to deal with the pressure sore. Due to the severity of his health status, he was assigned a case manager by his insurance company. Jeff did his research and

looked at various websites with many types of standers. Next, he talked to his physiatrist, and case manager and they both agreed the ability to stand would facilitate the final closure of the pressure sore. Staff members at the hospital and the doctor's office were fantastic at writing the letter of medical necessity and advocating for the stander. Jeff finally did get it approved, but not without a lot of effort.

Jeff's case manager was relentless in her support of his need for this piece of equipment. The physiatrist and his staff wrote the letter of medical necessity and submitted it to the insurance company, while his case manager submitted it through normal channels to the panel of physicians. The request was denied! At that point, Jeff's case manager took it to appeal. She revised the letter and re-submitted it to the panel. They then gave her the opportunity to present Jeff's case to them personally. After her presentation to the panel, the insurance company finally approved the purchase and coverage of the entire cost of the stander. It took seven months and perseverance by Jeff's case manager and medical team.

# Max

**METABOLIC DISORDER,  
AGE 7, COLORADO**

## **FUNDING**

Private Insurance denied,  
Medicaid paid after two appeals

## **CRITICAL TO SUCCESS**

HME Suppliers that are "pros" at appeals,  
letters of appeal from pediatrician,  
rehab doctor and therapist

Maximilian was born with metabolic disorder and epilepsy. He is unable to stand and bear

weight on his own. Max's physical therapist is a strong advocate for the benefits of standing and weight bearing for children. When Max was about a year old, his physical therapist started standing him against a therapy ball and recommended getting a stander for home. Max's family tried four different standing frames while he was in rehab before finding the right one. "He would scream and fight us with each one. He felt out of control when we put him into the standers because we had to lay him in or strap him in standing up. Sit to stand is the only reason we even attempted another stander," said Deana, Max's mom. "He is never upset when moving to standing because he can sit, just like he would in any other chair, before standing. It was a huge goal of ours to get him standing up. Max has always had very low muscle tone, but a great amount of strength when he uses his muscles. We found that he would use his strength best when he was fully supported to stand."

Max's mom was determined to get his stander paid for through insurance. "Thankfully, our supplier is a pro at appeals. Insurance denied our claim outright, and then

it went on to Medicaid of Colorado," Deana said. She remembers after the first denial, they received two more denials from Colorado Medicaid before finally agreeing to cover the stander. "They denied it the first two times stating it wasn't medically necessary. Our pediatrician, rehab doctor and therapist all wrote letters to appeal," she said. "We are very fortunate to have a truly amazing team on our side who insist on what's best and most appropriate for Max. Even though our initial request was denied, we kept

trying and finally got the stander approved on the third try." It took Max's family almost six months, but they finally got the stander, and the family couldn't be more pleased.

These are three successful stories of how consumers and their families were able to get a stander covered by their insurance. Yes, one was easy and the last two were more work, but where would these three consumers be without the support of their medical team? Without the advocacy of their supplier, physiatrist, therapist, or case manager would they have their standers? Or would they be dealing with ROM issues or contractures? Still fighting pressure sores, flap surgery or further wound complications? Or confined to the seated position, not able to stand and work on all their developmental potential?

We've all heard of standers and other Complex Rehab Technology (CRT) items being denied due to a duplication of services, not medically necessary or even "appropriately designed" research is not available. As suppliers, clinicians and manufacturers, we cannot allow this to happen. If we do, with which CRT product will it end? We all need to increase our chances at "being lucky" by helping our customers advocate for what they need. We're not in this alone; there are organizations such as NRRTS, NCART and PAAT (Protection Advocates for Assistive Technology). NRRTS and NCART continue to work to ensure federal, state and private coverage and reimbursement policies allow for consumers to have appropriate access to CRT and services. The PAAT groups are located throughout the United States and have attorneys and advocates who are a free resource available to assist people with disabilities and their families as they seek funding for Assistive Technology.

Together suppliers, clinicians, consumers and manufacturers must continue working toward a Separate Benefit Category. By adding outcome and research studies and increasing education of CRT to payers, elected officials and the public, we can accomplish our goal. We must elevate understanding of how CRT works to empower the consumer and save money in the long run. This work will also help stabilize our businesses so we can continue to provide services and products that are necessary for quality of life to people with disabilities. ➤

## **CONTACT THE AUTHOR**

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