A standing wheelchair allows an individual to go from a sitting to a standing position, providing a variety of benefits that include: physical health (typically allowing the user to benefit from “passive standing”); physical independence (allowing the user to manipulate parts of their environment otherwise not possible from a seated position); social independence (improved communication or ability to participate in social activities); or emotional health (improved self-esteem). Since the power standing wheelchair may cost $30,000 or more, Medicaid agencies have often found reasons to deny coverage.

Medicaid denials of standing wheelchairs have been successfully challenged at the administrative level, and our resource library has several fair hearing decisions, mainly from New York and Minnesota. For those with a recommended program of passive standing, a standing feature on a wheelchair is often medically necessary because of the risks involved in, or the time it takes to do repeated transfers into a separate standing frame. In Matter of Anonymous NLS-0366 (Minn. 12/4/00), the decision found the standing wheelchair to be medically necessary, noting that fatigue would prevent the petitioner from doing all the transfers into a separate standing frame that she would need to do on a daily basis. In Matter of Mason, FH # 4254883M (Minn. 4/20/05), the decision found that a separate stander would not be practical because it would require a two-person assist, it would have to be transported from classroom to classroom by an attendant, and the estimated 10 minutes it would take to transfer him into the stander would likely cause the recipient to be late for classes. Interestingly, while we often think of standing features for power wheelchairs, Matter of Mason involved a manual standing wheelchair.

Other fair hearing decisions have found medical necessity based on other factors: see, e.g., Matter of Gregory, FH # 4269315M (N.Y. 6/24/05) (participation in after-school activities by a high school student is normal activity for a high school student and, therefore, it falls squarely within the prerequisites for Medicaid funding under New York law); Matter of Anonymous, NLS-0367 (Minn. 8/12/98) (standing feature on the wheelchair would delay the recipient’s need for personal care, perhaps for several years, and was therefore cost effective despite its initial expense).

Two state courts approved Medicaid funding for standing power wheelchairs, in both instances reversing fair hearing decisions and finding the standing devices medically necessary to allow the user to benefit from passive standing. In Forrest Johnson v. Minnesota Dept. of Human Services, 565 N.W.2d 453 (Minn. App. 1997), the court cited the testimony of three treating health professionals (a
physician, a physical therapist, and an occupational therapist) on the many benefits of passive standing to be achieved, potentially alleviating many of the problems caused by prolonged immobility, including bone calcium loss, urinary tract and bladder infections, muscle spasticity, muscle contractures, loss of range of motion, muscle atrophy, and decubitus ulcers. Similarly, in Sorrentino v. Novello, 744 N.Y.S.2d 592 (N.Y.A.D. 4th Dept. 2002), the court awarded Medicaid funding for a standing power wheelchair, reciting evidence and testimony that supported the need for the standing device to promote circulation, bone density, bladder and bowel function, prevent pressure sores, and prevent loss of muscle mass and muscle atrophy.

While some states seem to acknowledge the medical necessity of a standing program, other states may still be grappling with the medical necessity issue. For advocates in those states, there are some tremendous resources. RESNA issued a position paper on standing wheelchairs that summarizes the studies done on the medical benefits of passive and dynamic standing: http://www.rstce.pitt.edu/RSTCE_Resources/Resna_position_on_wheelchair_standers.pdf. Also, Altimate, one of the manufacturers of standing frames, has a number or resources on its website: http://www.easystand.com/health-benefits/research.cfm.

Please feel free to contact us for copies of any of the hearing decisions we have referenced, copies of briefs in the two court cases, or if you have any questions or comments. Also, if you won a hearing or court appeal/lawsuit regarding any item of DME, please send us copies of the hearing decisions or court decisions/documents, so that we can share them with the AT network.

Those who are reading this post are encouraged to use “reply all” to share comments or questions that they want to reach all participants on the list serve. Use “reply” to communicate only with the person who did the posting.

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