Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
July 16, 2026	July 16, 2026	01-26-55, 08-26-55, 09-26-55, 10-26-12, 24-26-54, 25-26-11, 31-26-56

SUBJECT	BY
Prior Authorization Guidelines for Standers	Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.

PURPOSE:

The purpose of this bulletin is to advise providers of the new handbook pages that include the guidelines for prior authorization to support the medical necessity of prescriptions for standers.

SCOPE:

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, federally qualified health centers, rural health clinics, independent medical surgical clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render standers to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that

services are medically necessary and appropriate. Additionally, section 443.6(b)(2)-(3) of the act of June 13, 1967, (P.L. 31, No. 21) (62 P.S. § 443.6), referred to as the Human Services Code, requires prior authorization for purchase of specific equipment as identified by the department and for the rental of equipment for a period in excess of three months.

A stander is a piece of rehabilitation technology that helps a patient achieve sustained standing, with supports necessary to do so, with proper alignment while fully weight bearing.

On June 24, 2025, the Department advised providers of the change to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization." There are no MCG guidelines for standers to determine medical necessity. Therefore, the Department is advising providers of clinical guidelines to be utilized for prior authorization of standers for MA beneficiaries.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the attachments for the guidelines for the prior authorization review of standers. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf, or the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

ATTACHMENT:

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.14, Prior Authorization of Standers, Effective July 16, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, Section 7.1.2.12 Prior Authorization of Standers, Effective July 16, 2026.

7.1.2.14 PRIOR AUTHORIZATION OF STANDERS

I. General Requirements for Prior Authorization of Standers

A. Prescriptions that Require Prior Authorization
B. Documentation for Review
C. Review of Documentation for Medical Necessity
D. Clinical Review Process
E. References

I. General Requirements for Prior Authorization of Standers

A. Prescriptions that Require Prior Authorization

1. All prescriptions for purchase of standers; or
2. All prescriptions for standers after three months of rental.

B. Documentation for Review

The following information should be submitted with an authorization request:

1. Diagnoses requiring the use of a stander.
2. Evaluation of the beneficiary's medical and physical condition, which includes abnormalities found during physical examination related to physical disability.
3. Information regarding the beneficiary's level of independence or dependence when completing functional transfers, mobility (ambulation with assistive device or wheelchair), mobility related activities of daily living, and frequency/nature of daily activities.
4. Identification of specific style of standing frame requested, and explanation for such choice including cost efficiency or why more costly equipment is being requested.
5. Written plan of care and goals for the use of the standing frame. This can include functional goals and/or improvement in bodily functions, e.g., trunk/limb control and range of motion, vital organ capacity, bone mineral density, etc.
6. Home evaluation performed by the supplier to support the adequacy of space in the home for use of the equipment.

The following information should be submitted with an authorization request for replacement standers:

1. Diagnoses requiring the use of a stander.
2. Evaluation of the beneficiary's medical and physical condition, which includes abnormalities found during physical examination related to physical disability.
3. Information regarding the beneficiary's level of independence or dependence when completing functional transfers, mobility (ambulation with assistive device or wheelchair), mobility related activities of daily living, and frequency/nature of daily activities.
4. Identification of specific style of standing frame requested, and explanation for such choice including cost efficiency or why more costly equipment is being requested.
5. Written plan of care and goals for the use of the standing frame. This can include functional goals and/or improvement in bodily functions, e.g., trunk/limb control and range of motion, vital organ capacity, bone mineral density, etc.
6. Home evaluation performed by the supplier to support the adequacy of space in the home for use of the equipment.
7. Date of purchase, serial number, and warranty of stander needing to be replaced, if available, and repair history, if applicable.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a stander, the determination of whether the requested service is medically necessary will take into account whether:

1. The beneficiary has a diagnosis of a neuromuscular disorder (e.g., cerebral palsy, multiple sclerosis, stroke, paraparesis, etc.) with a residual lower limb strength to be able to stand in the stander with assistance.
2. The use of the stander is expected to improve at least one of the following: functional head or trunk control, functional use of arms or hands, or skin integrity by offloading weight through standing (i.e., pressure relief of skin that cannot be achieved with other means).
3. The expected therapeutic benefits of using a stander cannot be achieved by the use of conventional and less costly methods such as therapeutic exercises (positioning, stretching, ambulation), orthotic devices or other durable medical equipment, medications and diet.
4. The beneficiary has a caregiver with the ability to assist transferring the beneficiary into and out of the stander and managing the equipment.
5. There was any therapeutic trial demonstrating that the beneficiary can tolerate standing in the equipment for at least 30 minutes.
6. The beneficiary can achieve a standing position with other equipment or methods, e.g., physical therapy.
7. The beneficiary has the necessary lower body/ extremity residual strength for weight bearing/standing position with support.
8. If requesting a multi-positional stander, whether the beneficiary is able to tolerate multiple positions.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for a stander. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Capati V., Covert S.Y., & Paleg G. (2020). “Stander use for an adolescent with cerebral palsy at GMFCS level with hip and knee contractures.” *Assistive Technology,* 32(6), 335-341. Retrieved from https://www.tandfonline.com/doi/full/10.1080/10400435.2019.1579268

2. Goodwin J., Colver, A., Basu, A., Crombie, S., Howel, D., Parr, J.R., McColl, E., Kolehmainan, N., Roberts, A., Lecouturier, J,. Smith, J., Miller, K., & Cadwgan, J. (2018). "Understanding frames: A UK survey of parents and professionals regarding the use of standing frames for children with cerebral palsy." *Child Care, Health and Development,* 44(2), 195-202. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC5811781/
3. Goodwin, J., Lecouturier, J., Basu, A., Colver, A., Crombie, S., Smith, J., Howel, D., McColl, E., Parr, J.R., Kolehmainan, N., Roberts, A., Miller, K., & Cadwgan, J. (2018). "Standing frames for children with cerebral palsy: A mixed-methods feasibility study." *Health Technology Assessment,* 22(50), 1-232. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC6174326/
4. Mogul-Rotman B., Fisher K. (2002). "Stand up and function! Wheelchair-dependent clients benefit both medically and functionally from stander use." *Rehab Management,* 15(6), 22-23. Retrieved from https://pubmed.ncbi.nlm.nih.gov/12741263/
5. Newman M., Barker K. (2012). "The effect of supported standing in adults with with upper motor neuron disorders: A systematic review." *Clinical Rehabilitation,* 26(12), 1059-1077. Retrieved from https://pubmed.ncbi.nlm.nih.gov/22643724/
6. Nordstrom B., Naslund A., Eriksson M., Nyberg L. & Ekenberg L. (2013). "The Impact of Supported Standing on Well-Being and Quality of Life." *Physiotherapy Canada,* 65(4), 344-352. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC3817885/
7. Paleg G., Livingstone R. (2015). "Systematic review and clinical recommendations for dosage of supported home-based standing programs for adults with stroke, spinal cord injury and other neurological conditions." *BMC Musculoskeletal Disorders,* 16, 358. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC4650310/

7.1.2.12 PRIOR AUTHORIZATION OF STANDERS

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The following information should be submitted with an authorization request:

1. Diagnoses requiring the use of a stander.
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3. Information regarding the beneficiary's level of independence or dependence when completing functional transfers, mobility (ambulation with assistive device or wheelchair), mobility related activities of daily living, and frequency/nature of daily activities.
4. Identification of specific style of standing frame requested, and explanation for such choice including cost efficiency or why more costly equipment is being requested.
5. Written plan of care and goals for the use of the standing frame. This can include functional goals and/or improvement in bodily functions, e.g., trunk/limb control and range of motion, vital organ capacity, bone mineral density, etc.
6. Home evaluation performed by the supplier to support the adequacy of space in the home for use of the equipment.

The following information should be submitted with an authorization request for replacement standers:

1. Diagnoses requiring the use of a stander.
2. Evaluation of the beneficiary's medical and physical condition, which includes abnormalities found during physical examination related to physical disability.
3. Information regarding the beneficiary's level of independence or dependence when completing functional transfers, mobility (ambulation with assistive device or wheelchair), mobility related activities of daily living, and frequency/nature of daily activities.
4. Identification of specific style of standing frame requested, and explanation for such choice including cost efficiency or why more costly equipment is being requested.
5. Written plan of care and goals for the use of the standing frame. This can include functional goals and/or improvement in bodily functions, e.g., trunk/limb control and range of motion, vital organ capacity, bone mineral density, etc.
6. Home evaluation performed by the supplier to support the adequacy of space in the home for use of the equipment.
7. Date of purchase, serial number, and warranty of stander needing to be replaced, if available, and repair history, if applicable.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a stander, the determination of whether the requested service is medically necessary will take into account whether:

1. The beneficiary has a diagnosis of a neuromuscular disorder (e.g., cerebral palsy, multiple sclerosis, stroke, paraparesis, etc.) with a residual lower limb strength to be able to stand in the stander with assistance.
2. The use of the stander is expected to improve at least one of the following: functional head or trunk control, functional use of arms or hands, or skin integrity by offloading weight through standing (i.e., pressure relief of skin that cannot be achieved with other means).
3. The expected therapeutic benefits of using a stander cannot be achieved by the use of conventional and less costly methods such as therapeutic exercises (positioning, stretching, ambulation), orthotic devices or other durable medical equipment, medications and diet.
4. The beneficiary has a caregiver with the ability to assist transferring the beneficiary into and out of the stander and managing the equipment.
5. There was any therapeutic trial demonstrating that the beneficiary can tolerate standing in the equipment for at least 30 minutes.
6. Whether the beneficiary can achieve a standing position with other equipment or methods, e.g., physical therapy.
7. The beneficiary has the necessary lower body/extremity residual strength for weight bearing/standing position with support.
8. If requesting a multi-positional stander, whether the beneficiary is able to tolerate multiple positions.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for a stander. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

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1. Capati V., Covert S.Y., & Paleg G. (2020). “Stander use for an adolescent with cerebral palsy at GMFCS level with hip and knee contractures.” *Assistive Technology,* 32(6), 335-341. Retrieved from https://www.tandfonline.com/doi/full/10.1080/10400435.2019.1579268

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3. Goodwin, J., Lecouturier, J., Basu, A., Colver, A., Crombie, S., Smith, J., Howel, D., McColl, E., Parr, J.R., Kolehmainan, N., Roberts, A., Miller, K., & Cadwgan, J. (2018). "Standing frames for children with cerebral palsy: A mixed-methods feasibility study." *Health Technology Assessment,* 22(50), 1-232. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC6174326/
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7. Paleg G., Livingstone R. (2015). "Systematic review and clinical recommendations for dosage of supported home-based standing programs for adults with stroke, spinal cord injury and other neurological conditions." *BMC Musculoskeletal Disorders,* 16, 358. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC4650310/