

Standers/Standing Frames

Date of Origin: 09/2019

Last Review Date: 11/22/2023

Effective Date: 12/1/2023

Dates Reviewed: 11/2019, 11/2020, 11/2021, 10/2022, 11/2023

Developed By: Medical Necessity Criteria Committee

I. Description

A stander/standing frame is an assistive device used by an individual who requires a wheelchair for mobility. Standing frames enable individuals with restricted mobility, balance, or lower limb or trunk control, the opportunity to spend time in supported standing. Proposed benefits of standing include strengthening antigravity muscles, providing prolonged weight-bearing muscle stretch, enhancing respiratory function, and maintaining bone density. A sit-to-stand device allows the individual with upper body strength to achieve a standing from a sitting position without assistance. A sling is slipped behind the buttocks and hooked onto the frame of the standing device. The individual's legs and feet are placed in supports on the frame. The person lifts themselves to a standing position, either manually or by use of a motor. A back support is rotated in place to support the individual's back. A standing frame provides alternative position to sitting in a wheelchair by supporting the person in the standing position.

II. Criteria: CWQI HCS-0268

- A. Moda Health considers the following standing frames/standers medically necessary when one of the following required criteria is met;
 - a. A non-powered, single-position standing device is considered medically necessary when **ALL** of the following requirements are met:
 - i. Member with neuromuscular condition(s) who are impaired to stand; but once in a standing position, can maintain the standing position due to residual strength in the hips, legs, and lower body
 - ii. Member has failed to successfully achieve a standing position with other assistive devices or other methods such as physical therapy
 - iii. Member has trained and shown the ability to use the device safely
 - b. A non-powered mobile standing frame system is considered medically necessary when **ALL** of the following requirements are met:
 - i. Member with neuromuscular condition(s) who are impaired to stand; but once in a standing position, can maintain the standing position due to residual strength in the hips, legs, and lower body
 - ii. Member has failed to successfully achieve a standing position with other assistive devices or other methods such as the use of physical therapy
 - iii. Member has upper arm strength required to self-propel the device

- iv. Member has trained and shown the ability to use the device safely
- c. A non-powered multi-positional standing frame system is considered medically necessary when **ALL** of the following requirements are met:
 - i. Member with neuromuscular condition(s) who are impaired to stand; but once in a standing position, can maintain the standing position due to residual strength in the hips, legs, and lower body
 - ii. Member has a medical condition that requires frequent changes in positioning
 - iii. Member has failed to successfully achieve a standing position with other assistive devices or other methods such as physical therapy
 - iv. Member has trained and shown the ability to use the device safely
- B. The member has a caregiver available to provide assistance with the standing frame
- C. Standers will **NOT** be considered medically necessary for persons with complete paralysis of the hips and legs, whereby there is no improvement in the lower body strength following maintenance of standing position. There is insufficient evidence in the peer-reviewed literature showing any significant clinical benefits for these members
- D. Moda Health does **NOT** provide coverage for optional or additional equipment or components that are considered for comfort or convenience. Examples include but not limited to decorative items, custom coloring, magnesium wheels, etc.
- E. Moda Health does **NOT** provide coverage for upgrades that are not medically necessary
- F. Replacement of medically necessary equipment is considered only when there is an anatomical change of the member or if/when equipment becomes nonfunctional or not repairable due to reasonable wear and tear (Outside of Warranty)
- G. Duplicate equipment is **NOT** considered medically necessary
- H. Electric, motorized, or powered standing systems/devices are considered **NOT** medically necessary

III. Information Submitted with the Prior Authorization Request:

1. Requests are submitted by the patient's provider
2. Clinical documentation indicating medical necessity for the requested equipment
3. Documentation that the member's home can accommodate the equipment
4. Documented plan of care

IV. CPT or HCPC codes covered when policy requirements are met to establish medical necessity

Codes	Description
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric

E1399	Durable medical equipment, miscellaneous
-------	--

V. CPT or HCPC codes NOT covered:

Codes	Description

VI. Annual Review History

Review Date	Revisions	Effective Date
11/27/2019	New criteria	3/1/2020
11/25/2020	Annual Review: Grammar updates. No content change	12/1/2020
11/24/2021	Annual Review: Reorganized criteria indications for clarity	12/1/2021
5/2/2022	Update: CPT code E0637 added	
10/26/2022	Annual Review: No changes	11/1/2022
11/22/2023	Annual Review: Removed codes from the text. No content changes.	12/1/2023

VII. References

1. Freeman, J., Hendrie, W., Jarrett, L., Hawton, A., Barton, A., Dennett, R. et al. (2019). Assessment of a home-based standing frame programme in people with progressive multiple sclerosis (SUMS): a pragmatic, multi-center, randomized, controlled trial and cost-effectiveness analysis. *The Lancet; Neurology*

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC