Sentara Health Plans

Medicaid

Standing Frames Medicaid DMAS Document, DME 41

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Rehabilitation equipment is designed to assist an individual in the activities of daily living. Rehabilitation equipment includes standing frames and table systems. This equipment is designed to bring a member into an upright position or to stimulate vestibular function, or to stimulate balance.

Criteria:

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: DME Chapter IV (updated 12.5.25)_Final.pdf Pages 42-43.

The following conditions must be met for DMAS or its contractor to approve reimbursement of these types of rehabilitation equipment. These conditions are applicable whether the equipment is for initial use or replacement. (12 VAC 30-50-165).

Standing frames are considered medically necessary for **ALL** of the following:

- Individual-based outcomes are expected and **1 or more** of the following:
  - An identified, realistic goal of functional ambulation exists and/or the individual has achieved progressive mobility goals at the time the equipment is requested (i.e., the individual is able to come from supine to sit, able to maintain dynamic sitting balance, and to right balance; the individual is actively pursuing ambulation goals; and there is a reasonable expectation the goal(s) will be achieved, such as with the use of tilt tables, prone standers, etc.)
  - An identified goal of a level of functional independence in activities of daily living exists, the achievement of which depends upon the individual's maintaining an upright position in order to maximize the use of the upper extremities and/or to increase visual/perceptual integration, such as with the use of tilt tables, prone standers, etc.
  - An identified goal of a level of functional independence in ambulation and/or activities of daily living exists, the achievement of which is dependent upon the stimulation of vestibular function, balance, and/or neurodevelopmental progression, such as with the use of balance balls, etc.
- Supportive activities to accomplish outcomes and **ALL of the following:**

- Goal(s) must be part of an active, rehabilitative, therapeutic plan of care in place at the initiation of use of the equipment. The goal(s) must be realistic in that it is consistent with the individual's cognitive, environmental, and physical status
- The individual and/or caregiver demonstrates the ability cognitively, motivationally, and physically to effectively utilize the equipment toward goal achievement. Someone is available to regularly assist the individual as necessary in the use of the equipment in order that progress toward goal achievement can occur
- The individual does not have a deficient level of "energy" or other systemic condition (e.g., CHF, COPD) that adversely impacts the ability to participate in the use of the equipment
- The equipment must reduce the need for other reimbursed health care such as personal care, private duty nursing, rehabilitation services, and/or home health services.

Document History:

Revised Dates:

- 2026: July – Implementation date of November 1, 2026. Annual review. No criteria changes. Updated reference per DMAS manual revision.
- 2025: September – Implementation date of January 1, 2026. No criteria changes. Updated reference per DMAS manual revision. Updated to new format.
- 2023: October
- 2022: October
- 2021: November
- 2020: November
- 2015: January, March, August, December
- 2014: October
- 2013: November

Reviewed Dates:

- 2024: October – no changes references updated
- 2019: November
- 2018: April
- 2017: January
- 2015: July

Origination Date: July 2021

Coding:

Medically necessary with criteria:

Coding	Description
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

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization Requirements:
    - Pre-certification by the Plan is required.
    - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of EPSDT Supplement B (updated 5.19.22)_Final.pdf
    - **Documentation Requirements** DME Chapter IV (updated 5.23.25)_Final.pdf appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2025.xlsx
        - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
        - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
        - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
    - **Repair vs. Replacement Guidelines**
        - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.

        - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
            - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
            - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
            - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
    - **Rental vs. Purchase Guideline**
        - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
        - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

SHP Standing Frames, SHP Durable Medical Equipment 41, ambulation, tilt tables, prone standers, non-powered standing device