

Standing Frames

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Coverage Policy	DME 41
Version	6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Standing Frames.

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:

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

- Device is a non-powered standing device
- The individual is unable to independently ambulate or stand secondary to a neuromuscular condition (such as multiple sclerosis, cerebral palsy, spinal cord injury or stroke) but has enough strength in lower body (e.g. hips and legs) to allow for use of the device.
- Use of this device allows the individual to obtain a standing position with limited assistance.
- Standing device training has been completed and the individual has documented ability to use the device safely.
- Use of the standing frame device facilitates individual in meaningful and beneficial improvements of at least **1 or more of the following**:
 - Performing activities of daily living (ADLs), independence
 - Skin integrity by relieving pressure
 - Frequent changes in position
 - Circulatory, digestive or respiratory function

Coding:

Medically necessary with criteria:

Coding	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

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2023: October
- 2022: October
- 2021: November
- 2020: November
- 2015: January, March, August, December
- 2014: October
- 2013: November

Reviewed Dates:

- 2019: November
- 2018: April
- 2017: January
- 2015: July

Effective Date:

- June 2013

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).

(2023, Jun 27). Retrieved Sep 22, 2023, from MCG: <https://careweb.careguidelines.com/ed27/index.html>

(2023). Retrieved Sep 22, 2023, from Hayes, Inc:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Gravity%2520assist%2520traction%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522>

(2023). Retrieved Sep 26, 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=DME&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

(2023). Retrieved Sep 14, 2023, from Carelon Medical Benefits Management:

https://guidelines.carelonmedicalbenefitsmanagement.com/?s=standing+frame&et_pb_searchform_submit=et_search_prccess&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes

(2023). Retrieved Sep 25, 2023, from InterQual: <https://prod.cue4.com/caas/review/login>

(2023). Retrieved Sep 25, 2023, from PubMed:
<https://pubmed.ncbi.nlm.nih.gov/?term=Standers%2C+standard&filter=simsearch2.ffrt&filter=simsearch3.fff>

Durable Medical Equipment - Chapter IV: Covered Services and Limitations. (2022, Jul 13). Retrieved Sep 25, 2023, from Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/DME%20Chapter%20IV%20%28updated%207.13.22%29_Final.pdf

Patient Lifts. (2023). Retrieved Sep 25, 2023, from U.S. Food and Drug Administration:
<https://www.fda.gov/files/medical%20devices/published/Patient-Lifts-Safety-Guide.pdf>

Rehabilitation and Recovery following Stroke. (2019). Retrieved Sep 25, 2023, from Canadian Stroke Best Practices:
<https://www.strokebestpractices.ca/recommendations/stroke-rehabilitation/mobility-balance-and-transfers>

Sec. 880.5510 Non-AC-powered patient lift. (2023, Jun 07). Retrieved Sep 25, 2023, from Code of Federal Regulations (National Archives): <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=880.5510>

Special Notes: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

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