

Medical Policy



Standing Frame (Stander)

Description

A standing frame (stander) is an assistive device typically used by an individual who requires a wheelchair for mobility. A standing frame provides alternative positioning from sitting in a wheelchair and supports the individual in an upright standing position.

Policy

Medicare Members

Standers and standing frames are noncovered.

Non-Medicare Members

A non-powered, single position standing frame E0638, a non-powered multi-positional standing frame E0641, or a non-powered dynamic standing frame E0642 are considered medically necessary when ordered following an appropriate rehabilitation evaluation (which includes device training and ability to safely use the device) and all the indications are met, as noted below.

Policy Guidelines

A standing frame is considered reasonable and necessary when meeting the following coverage criteria:

1. Must be ordered by the Member's treating practitioner.
2. The individual has a neuromuscular condition with an impaired ability to stand, but once standing, can maintain the standing position because of residual strength in the hips, legs, and lower body.
3. The individual requires the use of a wheelchair as a means of mobility.
4. The standing frame is appropriate for the individual's disability and size.
5. The standing frame is intended for use in the home.
6. The individual has a caregiver who is available, willing, and able to provide assistance with the standing frame.

In addition to the above criteria, a non-powered multi-positional standing frame system E0641 is considered medically necessary and, therefore, covered when an individual has a medical condition that requires frequent changes in positioning.

In addition to the above criteria, a non-powered mobile (dynamic) standing frame E0642 is considered medically necessary and, therefore, covered when an individual has the upper arm strength to self-propel the device.

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All other uses for non-powered standing frames are considered not medically necessary and, therefore, not covered because the available published peer-reviewed literature does not support their use in the treatment of illness or injury.

Replacement of non-powered standing frame/standers will be considered medically necessary when *all* of the following criteria are met:

1. Member meets criteria for a non-powered standing frame system/stander (above); *and*
2. The device is nonfunctional or not repairable and cannot be refurbished or adequately repaired; *and*
3. Device is out of warranty.

A standing frame E0637 with a motorized or powered feature is not considered reasonable and necessary.

HCPCS Level II Codes and Description

E0637	COMBINATION SIT TO STAND 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.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service

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is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines. Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Amerihealth Commercial Medical Policy: Standing Frames 05.00.71c
<https://medpolicy.amerihealth.com/ah/Commercial/Pages/Policy/b78d7ddb-9d51-4d90-a2c5-3ee60b0e721d.aspx> Last accessed/reviewed 11-18-24.
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 280.1 for DME Reference List. [CMS Web site]. Available at: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=3&NcaName=Air-Fluidized+Beds+for+Pressure+Ulcers&bc=ACAAAAAIAAA> Last accessed/reviewed November 18, 2024.
3. Aetna:
https://www.aetna.com/cpb/medical/data/400_499/0481.html#dummyLink2
Last accessed/reviewed November 18, 2024.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	09-29-15	Initial Release	Susan Glomb	Dr. B. Almasri		
1	11-25-	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	

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2	11-21-16	Annual Review. Updated Medicare reference.	Lisa Wojno	Dr. B. Almasri	November 2016	
3	11-16-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
4	11-20-18	Annual review. Added Aetna reference.	Carol Dimech	Dr. C. Lerchin	November 2018	
5	11-13-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2019	11-13-19
6	11-06-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	
7	11-29-21	Annual Review. Added NCD/LCD verbiage to "Important Note". Also, changed treating physician to treating practitioner	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 2021	
8	11-16-22	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-16-22	11-16-22
9	11-15-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-15-23	11-15-23
10	11-18-24	Annual review. Added standard replacement criteria per Aetna.	Carol Dimech	Dr. C. Lerchin	11-18-24	11-18-24