

Medical Policy



Medicaid Policy Stander, Standing Frame Multiposition

Description

Standers are durable medical equipment (DME) that encompass a wide range of commercial products designed to assist a neuromuscular impaired adult or child in attaining and maintaining an upright (or standing) position for the purpose of therapeutic standing. Standers potentially provide multiple benefits to otherwise bed-bound or chair-bound patients. Upright weight-bearing on long bones helps prevent osteoporosis, improves circulation to trunk and lower extremities, aids in the prevention of muscle atrophy and muscle spasms, improves functioning of internal organs such as kidneys, bladder, respiratory and cardiovascular systems, helps prevent decubitus formation through position change, and helps improve bowel function. Standers are reviewed on an individual consideration basis.

Policy

Prone Standers are considered **medically necessary** for members with mild to severe disabilities including, but not limited to, spinal cord injury, traumatic brain injury, cerebral palsy, spina bifida, muscular dystrophy, multiple sclerosis, stroke, Rett syndrome, post-polio syndrome.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the member's treating practitioner.
2. Documentation must be provided that demonstrates that the member has tried more cost-effective alternatives and still requires a stander.
3. A prone stander may be considered medically necessary when all the following (A through D) criteria are met:
 - A. The patient is unable to stand or ambulate independently due to conditions such as, but not limited to, a chronic neuromuscular condition or congenital or acquired skeletal abnormalities.
 - B. A functional benefit is anticipated as demonstrated by at least one of the following conditions:
 - a. The member demonstrates a better functional ability to use his/her arms, hands and head utilizing the stander.
 - b. The member has a clinically documented history of digestive, respiratory, or excretory condition that will likely significantly improve with regular use of a stander.

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- c. The member has a history of or is at high risk for lower limb or trunk contracture, or muscle or bone wasting; and does NOT have complete paralysis of the hips and legs, and the alignment of the foot and ankle is such that the foot and ankle can tolerate weight-bearing.
 - d. The member has contracture(s) that have not improved with other interventions (e.g., stretching, splinting, serial casting, medications, or other modalities).
 - e. The member has improvement in mobility, ambulation, function, or physiologic symptoms, or maintained status with the use of the selected stander (e.g., used in an inpatient or outpatient setting) and is able to follow a home therapy program incorporating the use of the stander.
- C. The anticipated functional benefits of standing are not attained or attainable with other interventions (e.g.; independently, with the use of a wheelchair or other adaptive equipment, with physical therapy).
- D. The member has tried the selected stander and demonstrates an ability and willingness to follow a home therapy program that incorporates use of the stander.

Exclusions:

1. Gliders are considered exercise equipment and do not meet the definition of durable medical equipment.
2. There is insufficient evidence-based medical benefit to using the stander (e.g., when there is no expected improvement in mobility or maintenance of function).
3. The anticipated functional benefits of standing can be achieved through less-costly alternatives (e.g., therapeutic exercises, positioning, orthotics, other adaptive DME, medication and diet).

Required Documentation:

Documentation to include:

A detailed letter of medical necessity containing:

- the member's name and address, the most recent comprehensive history and physical exam by a licensed physician or occupational or physical therapist, including summary of medical condition, age at diagnosis, prognosis, and co-morbid conditions;

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- the member's functional and physical assessment including, but not limited to, strength, range of motion, tone, sensation, balance, ADLs, IADLs, and functional status;
- documentation of failure of less-costly alternatives;
- evidence that the member has demonstrated the ability to safely use the equipment independently or with appropriate supervision; and
- a home therapy plan outlining the planned use of the requested stander;
- documentation that the member does not otherwise have sufficient access to equipment in an alternative setting; and
- documentation that the member's home can accommodate the equipment.

HCPCS Level II Codes and Description

E0636	Multi positional patient support system, with integrated lift, patient accessible controls
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., three-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 is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

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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. Eng JJ, et al. Use of prolonged standing for individuals with spinal cord injuries. Phys Ther 2001 Aug;81(8):1392-9.
2. Aetna: http://www.aetna.com/cpb/medical/data/500_599/0505.html Last accessed/reviewed November 12, 2025.
3. MassHealth. Guidelines for Medical Necessity Determination for Standers and Power-Assisted (Dynamic) Standing Components for Wheelchairs. Effective December 6, 2019. Last accessed/reviewed November 12, 2025.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-08	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	

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02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	05-27-11	Policy updated to reflect additional Medicaid criteria	Susan Glomb	Basem Almasri MD		
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
06	11-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	11-29-12	Narrative changes for E0638, E0641and E0642	Susan Glomb	Dr. B. Almasri		
08	11-30-12	Annual review. No changes	Susan Glomb	Dr. B. Almasri	Nov. 2012	
09	12-11-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri		
10	12-1-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	11-25-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
12	11-21-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-16-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
14	11-19-18	Annual review. No changes to policy except for additional	Carol Dimech	Dr. C. Lerchin	November 2018	

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		references.				
15	11-13-19	Annual review. No changes to policy except for additional reference – Amerihealth.	Carol Dimech	Dr. C. Lerchin	November 2019	11-13-19
16	11-06-20	Annual Review. No Changes to policy except for additional reference – MassHealth.	Lisa Wojno	Dr. C. Lerchin	November 2020	
17	11-15-21	Annual Review. Added NCD/LCD verbiage to “Important Note”.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 15,2021	
18	11-23-21	Removed requirement for order to be written by a specialty prescriber.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 23, 2021	November 23, 2021
19	11-16-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-16-22	11-16-22
20	11-15-23	Annual review. Reference added.	Carol Dimech	Dr. C. Lerchin	11-15-23	11-15-23
21	11-18-24	Annual review. Updated references.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-18-24	11-18-24
22	11-12-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	11-12-25	11-12-25