

Standing Systems

MEDICAL POLICY NUMBER: 172

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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

POLICY CRITERIA

Note:

- Standing frames, standers and accessories are *NOT* covered if patient has other equipment of same or similar function.
- A list of all DME owned or rented equipment available for the patients use must be included at the time of request for standing system.

Medically Necessary

- I. Non-powered standing systems may be considered **medically necessary** when **all** of the following criteria are met (A. – E.):
 - A. The member is unable to stand or ambulate independently due to chronic neuromuscular condition; **and**
 - B. The member has sufficient residual strength in the lower extremities (e.g., hips and legs) to allow for use of the device; **and**
 - C. A functional benefit is anticipated as a result of utilizing the standing system, as demonstrated by **either** of the following (1. or 2.):
 1. Improvements in any of the following:
 - a. Use his/her arms and/or hands; **or**
 - b. Control of head, neck and trunk; **or**
 - c. Skin integrity, by off-loading weight through standing (e.g., reduction or skin breakdown or pressure sores not achievable by other means); **or**

2. The patient has a clinically documented history of digestive, respiratory, or excretory condition that will likely significantly improve with regular use of a standing frame or stander; **and**
 - D. 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); **and**
 - E. The member has tried the selected standing frame or stander and demonstrates an ability and willingness to follow a home therapy program that incorporates use of the standing frame or stander.
- II. Standing systems are considered **not medically necessary** when the criteria II. above are not met, including but not limited to the following (A.-C.):
- A. The member has complete paralysis of the hips and legs, such that lower body strength is not improved by maintaining the standing position.
 - B. Powered (battery or electric) or motorized standing devices.
 - C. Standing devices that involve fixtures to property structures such as the ceiling.

Not Medically Necessary

- III. The following standing systems (A.-C.) are not used primarily to serve a medical purpose and therefore are considered **not medically necessary**:
- A. Combination sit-to-stand frame/table systems (E0637) (e.g., EasyStand Bantum, EasyStand Evolv).
 - B. Standing wheelchairs (E2230) or all-in-one wheelchair standers (e.g. Permobil F5 Corpus VS, Redman Power Chair, Comfort Angel, LEVO C3 and LAE).
 - C. Standing devices which primarily serve as exercise equipment (e.g., gliders).
- IV. Power standing systems (E2301) from wheelchairs are deluxe upgrades and are considered **not medically necessary**.

Link to [Evidence Summary](#)

POLICY CROSS REFERENCES

- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#), MP142
- [Wheelchairs and Power Vehicles](#), MP140

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

BACKGROUND

Per the ECRI Institute, standing frames (also known as standers, standing systems, standing units, youth frames, or walkabout systems) are assistive devices that:¹

“Enable people to achieve and maintain an upright posture. Nonambulatory, physically disabled individuals may use standing systems for health-related reasons, including increasing range of motion, maintaining bone density, maintaining muscle strength and cardiovascular endurance, reducing swelling in the lower limbs, decreasing spasticity (muscle overactivity), preventing pressure sores, and improving bowel and bladder function.

Standing systems come in a variety of configurations. Common types include sit to stand, prone, supine, upright, multi-positioning standers, and standing wheelchairs. Long leg braces are also a standing device, but they are not used often today. Systems are available that the user can change from sitting support to standing support; other systems require a second person to transfer the disabled person from sitting to standing. Standing systems can be divided into three categories:

1. Passive (static) stander: Remains in one place and cannot be self-propelled.
2. Mobile (dynamic) stander: Can be self-propelled, and some are available with powered mobility.
3. Active stander: Allows movement of the arms and legs in a standing position.”

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

BILLING GUIDELINES AND CODING

CODES*		
HCPCS	E0636	Multipositional patient support system, with integrated lift, patient accessible controls
	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., three-way stander), any size including pediatric, with or without wheels

	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
	E2230	Manual wheelchair accessory, manual standing system
	E2301	Wheelchair accessory, power standing system, any type

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. ECRI Institute Hotline Response: Standing Systems for the Physically Disabled. Published: 04/07/2004. Updated: 01/03/2011. ARCHIVED. <https://www.ecri.org/components/Hotline/Resources/IssueFiles/7680.pdf>. Accessed 3/22/2023.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
5/2023	Annual Update. No Changes