

Standing Systems

MEDICAL POLICY NUMBER: 172

Effective Date: 5/1/2025
Last Review Date: 4/2025
Next Annual Review: 4/2026
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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, and Providence Plan Partners 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 considered not medically necessary 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

This policy may be based on the following Centers for Medicare & Medicaid Services guidance:

- National Coverage Determination (NCD): Durable Medical Equipment Reference List ([280.1](#))¹

- Local Coverage Determination (LCD): Wheelchair Options/Accessories ([L33792](#))²
- Local Coverage Article (LCA): Wheelchair Options/Accessories ([A52504](#))³

BACKGROUND

Standing frames are a type of durable medical equipment designed to support individuals who have limited ability to stand or cannot stand independently. They help users achieve and maintain a standing position, which can be beneficial for a variety of health reasons. Standing frames are commonly used by individuals with conditions such as spinal cord injuries, cerebral palsy, muscular dystrophy, or other neurological or musculoskeletal disorders.

There are several types of standing frames, including:

- **Static Standing Frames:** These provide support in a stationary position, allowing the user to stand in one place. They are often used for therapeutic purposes to promote weight-bearing, improve circulation, and maintain bone density.
- **Dynamic Standing Frames:** These allow for some movement while in the standing position, enabling the user to engage in activities or move around to a limited extent. This can be beneficial for functional standing tasks and increased user interaction with their environment.
- **Sit-to-Stand Frames:** These assist the user in transitioning from a sitting to a standing position, often with mechanical or powered assistance. This type is helpful for users who have some ability to assist with the transition or who are working on building strength and mobility.

Standing frames offer a range of therapeutic benefits, such as enhancing circulation, improving posture, aiding digestion, supporting respiratory health, and reducing the risk of pressure sores. They also promote psychological well-being by enabling users to engage with their surroundings more fully and participate in standing activities.

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.

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others.

Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online [here](#).

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. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190>. Published 2023. Accessed 3/18/2025.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33792>. Published 2024. Accessed 3/18/2025.
3. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Wheelchair Options/Accessories - Policy Article (A52504). <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52504&ver=52>. Published 2024. Accessed 3/18/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
5/2023	Annual Update. No Changes
5/2024	Annual update. No changes.
5/2025	Annual update. No changes.