


MEDICAL POLICY	Standing Systems (Medicare Only)
Effective Date: 7/1/2021  7/1/2021	Medical Policy Number: 169
	Medical Policy Committee Approved Date: 5/2020; 6/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

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”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Standing systems (e.g. tables, frames)</i>	National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1) ¹
<i>Standing systems used with wheelchairs</i>	<ul style="list-style-type: none"> Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792)² Local Coverage Article (LCA): Wheelchair Options/Accessories - Policy Article (A52504)³

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Standing Systems (All Lines of Business Except Medicare)**, applies to the following services:*

- Combination sit-to-stand frame/table systems (E0637) (e.g., EasyStand Bantum, EasyStand Evolv)

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HCPCS CODES

Medicare Only	
Not Covered	
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

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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

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.

REGULATORY STATUS

Mental Health Parity Statement

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.

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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/details/ncd-details.aspx?NCDId=190>. Published 2005. Accessed 4/30/2021.
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 2015. Accessed 4/30/2021.
3. Centers for Medicare & Medicaid Services. Local Coverage Article: Wheelchair Options/Accessories - Policy Article (A52504). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52504>. Published 2015. Accessed 4/30/2021.