CareSource

MEDICAL POLICY STATEMENT
Nevada Marketplace

Policy Name & Number	Date Effective
Standing Frames-NV MP-MM-1788	05/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Standing Frames

B. Background
Supported standing is a common, adjunctive therapeutic practice in which patients with neuromuscular conditions are enabled to assume an upright position. Home-based standing programs are commonly recommended for adults and children who cannot stand and/or walk independently and are usually part of a postural management program, which plays a role in preventing contracture, deformity, pain, and asymmetry. Standers might include prone, supine, vertical, multi-positional, and sit-to-stand types.

Standing frames are durable medical equipment (DME) that secure an individual in a standing position. These devices provide no mobility, but research has shown medical benefits supporting use, including an enhanced ability to perform tasks, maintained or improved joint range of motion, muscle spasticity and bone density, and an enhanced ability to perform activities of daily living. In recent studies, some adults and children report a decrease in pain, suppository use, decubitus ulcers, urinary tract infections (UTI), and clinical depression, while reporting an increase in improved bowel function, breathing, circulation, and muscle tone.

Psychological benefits have also been documented and include improved socialization, patient satisfaction, and quality of life due to improved interaction with others. Additional benefits for some patients can include enhanced independence, improved vocational activities, and increased recreational activities with peers and others, which have been reported to instill a heightened sense of confidence and equality and improved self-esteem in children and adults. Acceptance by others and a sense of integration is perceived to be higher among standing frame users.

No adverse events or effects have been frequently reported or documented in literature, but some contraindications have been widely discussed. Additionally, many patients do not report pain with use of standing frames. With the added benefit of the enhancement of functional recovery with early physical rehabilitation, many providers are adding supported standing as a practice in postural management after consideration of contraindications is examined by a medical professional.

C. Definitions
- **Activities of Daily Living (ADLs)** – Fundamental skills required to independently care for oneself
- **Durable Medical Equipment (DME)** – A collective term for a covered durable medical equipment item, prosthetic device, orthotic device, or medical supply item furnished by an eligible provider to an eligible recipient, can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, and is not worn in or on the body.

- **Postural Management** – A multi-disciplinary approach incorporating a comprehensive schedule of daily and night-time positions, equipment, and physical activity to help maintain or improve body structures and function and increase activity and participation.

D. Policy
   I. CareSource will review medical necessity requests for non-powered standing frames on a case-by-case basis once **ALL** the following information is submitted for review:
      A. New Equipment
         1. Stander information, including **all** the following details as available:
            a. manufacturer
            b. model number
            c. type of stander
            d. part number, if applicable
            e. itemized list of additional attachments and accessories with individual prices if not included with the basic stander or if applicable
         2. A face-to-face evaluation with a qualified professional, such as an occupational therapist or physical therapist, that includes **all** the following:
            a. recommendation of a postural management program that includes supported standing
            b. type of stander recommended (eg, prone, supine, vertical, multi-positional, sit-to-stand)
            c. goals of the postural management program including the goals of the type of stander requested
            d. specific dosing with the requested stander for the goals to be met
            e. a documented trial of the type of stander requested demonstrating the recipient can tolerate the recommended dose
         3. A prescription, which includes **all** the following:
            a. length of time specifying validity of the prescription
            b. dated signature of an appropriately licensed/certified and/or credentialed medical professional with a professional relationship with the recipient
            c. face-to-face encounter resulting in recipient diagnosis(-es) that documents a neuromuscular condition (eg, multiple sclerosis, cerebral palsy, spinal cord injury, stroke) or developmental delay impairing an ability to stand independently no more than 6 months prior to the start of services
            d. if a qualified non-physician provider conducts the face-to-face encounter, the clinical findings must be communicated with the ordering physician and documented
         4. Copy of the completed Certificate of Medical Necessity and Care Plan for the standing frame when required by CareSource Utilization Management which includes:
            a. date of request
            b. diagnosis of beneficiary
            c. type of standing frame

   d. anticipated length of need
5. Documentation showing that the beneficiary or parent/guardian received training in use of the requested type of stander, which can be completed during a scheduled therapy session for the beneficiary, if applicable.
6. Documentation showing the beneficiary or parent/guardian demonstrated safe use of the requested type of stander in the home setting (eg, documentation from physical therapy or other therapy sessions documenting trials of use suffice) of beneficiary or parent/guardian training in use of standers or standing frames and an ability to safely use the device in the home setting.
7. Documentation that device use can be reasonably expected to provide therapeutic benefits or enable the recipient to perform certain tasks he/she is unable to perform otherwise due to the diagnosis, such as, but not limited to, **1 or more** of the following:
   a. aids in the prevention of atrophy in the trunk and leg muscles
   b. improves strength and/or circulation to the trunk and lower extremities
   c. prevents formation of decubitus ulcers with changeable positions
   d. helps maintain bone and/or skin integrity
   e. reduces swelling in the lower extremities
   f. improves range of motion and/or aids normal skeletal development
   g. improves function of kidneys, bladder, and/or bowels
   h. decreases muscle spasms
   i. strengthens the cardiovascular system and builds endurance
   j. prevents or decreases muscle contractures and/or progressive scoliosis
   k. improves social interaction and psychological well-being
   l. increases performance of activities of daily living (ADLs)
8. No contraindications to supported standing, such as but not limited to
   a. healing fracture or severe osteoporosis precluding weight bearing of any kind
   b. significant hip or knee flexion or ankle plantarflexion contractures in which stretch or pressure prevents standing
   c. compromised cardiovascular or respiratory systems that require frequent monitoring of circulation and function while in a stander
   d. significant inflexible skeletal deformities
   e. lack of standing tolerance (ie, cannot maintain a standing position due to little or no residual strength in the hips, legs, or lower body)
   f. postural hypotension
9. CareSource reserves the right to request the following:
   a. proof of delivery
   b. documentation of routine maintenance, adjustments, readjustments, or repairs
   c. annual review of need by a qualified provider

B. Replacement of a non-powered standing frame is considered medically necessary after 5 years when both the following criteria have been met:
   1. medical necessity criteria above

2. device is out of warranty and cannot be refurbished or adequately repaired

II. The following items or services are not covered or separately reimbursable:
   A. electric, motorized or powered standing frames
   B. items or services covered under manufacturer or dealer warranty
   C. DME items duplicating or conflicting with another item currently in the recipient's possession
   D. replacement items or previously approved equipment that have been damaged due to perceived misuse, abuse, or negligence
   E. A prescription is valid for 60 days unless a different length of time is specified

E. Conditions of Coverage

CareSource reserves the right to request additional information if medical necessity is not adequately documented.

F. Related Policies/Rules

Medical Necessity Determinations
Durable Medical Equipment (DME) Modifiers
Durable Medical Equipment Repairs

G. Review/Revision History

	DATE	ACTION
Date Issued	06/18/2025	New market, approved at Committee.
Date Revised	02/11/2026	Periodic review. Added requirement for evaluation with qualified professional and added "type of stander" to trial, training, and demonstrated safe use in the home. Updated references. Approved at Committee.
Date Effective	05/01/2026	
Date Archived		

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Independent medical review – 08/2022