MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Standing Frames-MP-MM-1336	IN, GA, WV, KY: 12/01/2022 -10/31/2023 OH: 01/01/2023-10/31/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates 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 documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) 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.

This policy applies to the following Marketplace(s):				
☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **West Virginia**

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A. Subject

Standing Frames

B. Background

Supported standing is a common, adjunctive therapeutic practice in which patients with several neurological 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 consist of a simple base with an upright support to which the patient can be strapped. 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 from being upright and interacting 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.

C. Definitions

- **Activities of Daily Living (ADLs)** - Fundamental skills required to independently care for oneself, including:
  - **Basic ADLs** - Skills required to manage one's basic physical needs, including ambulation, feeding, dressing, personal hygiene, continence and toileting.
  - **Instrumental ADLs** - Skills that require more complex thinking skills, including transportation and shopping, finance management, meal preparation, house cleaning and home maintenance, communication management, and medication management.
- **Durable Medical Equipment (DME)** - A collective term for a covered durable medical equipment item, prosthetic device, orthotic device, or medical supply item

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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.

- **Home Medical Equipment** - DME that is appropriate for use in the home.
- **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:
   a. Manufacturer
   b. Model number
   c. Type of stander
   d. Part number, if applicable
   e. An itemized list of any additional attachments and accessories with individual prices, if not included with the basic stander or if applicable.
2. A prescription, which includes **all** the following:
   a. A length of time specifying validity of the prescription.
   b. The dated signature of an appropriately licensed/certified and/or credentialed medical professional who has a professional relationship with the recipient.
   c. Specific recipient diagnosis (-es) documenting a neuromuscular condition (e.g., multiple sclerosis, cerebral palsy, spinal cord injury, stroke) or documented developmental delay impairing the recipient's ability to stand independently. The recipient must be able to maintain a standing position due to residual strength in the hips, legs and lower body with the aid of a standing frame device.
3. Documentation that the recipient has had training in use of standers or standing frames and has demonstrated an ability to safely use the device in the home setting.
4. Documentation that use of the device 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 **one 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

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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. Increase performance of activities of daily living (ADLs)

5. No contraindications to a supported standing program are present, such as but not limited to:
   a. Healing fracture or severe osteoporosis that precludes 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 or circulation and function while in a stander
   d. Significant skeletal deformities that are not flexible
   e. Lack of standing tolerance
   f. Postural hypotension

B. Replacement of a non-powered standing frame is considered medically necessary after five (5) years when both the following criteria have been met:
   1. The medically necessary criteria above have been met; and
   2. The 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 that duplicate or conflict with another item currently in the recipient's possession.
   D. Replacement items or previously approved equipment that have been damaged because of perceived misuse, abuse, or negligence.

E. Conditions of Coverage
NA

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	08/31/2022	New policy.
Date Revised		
Date Effective	12/01/2022 OH: 01/01/2023	
Date Archived	GA, IN, KY, WV: 10/31/2023 OH:10/31/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Arva J, Paleg G, Lange M, et al. RESNA Position on the Application of Wheelchair Standing Devices. *Assist Technol.* Retrieved July 25, 2022 from www.ibmpfd.com.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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2. Capati V, Yu Covert S. Stander Use for an Adolescent with Cerebral Palsy at GMFCS Level with Hip and Knee Contractures. Retrieved on July 25, 2022 from www.researchgate.net.
3. Edemekong PF, Bomgaars DL, Sukumaran S, et al. Activities of Daily Living. [Updated 2022 May 2]. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2022 Jan. https://www.ncbi.nlm.nih.gov.
4. Ferrarello F, Deluca G, Pizzi A, et al. Passive standing as an adjunct rehabilitation intervention after stroke: a randomized controlled trial. *Arch Physiother*. 2015;5:2. Published 2015 Jul 8. doi:10.1186/s40945-015-0002-0.
5. Goodwin J, Lecouturier J, Basu A, Colver A, Crombie S, Smith J, Howel D, McColl E, Parr JR, Kolehmainen N, Roberts A, Miller K, Cadwgan J. Standing frames for children with cerebral palsy: a mixed-methods feasibility study. Health Technol Assess. 2018 Sep;22(50):1-232. doi: 10.3310/hta22500.
6. Macias-Merlo L, Bagur-Calafat C, Girabent-Farrés M, Stuberg WA. Standing Programs to Promote Hip Flexibility in Children With Spastic Diplegic Cerebral Palsy. *Pediatr Phys Ther*. 2015;27(3):243-249. doi:10.1097/PEP.0000000000150.
7. Martinsson C, Himmelmann K. Abducted Standing in Children With Cerebral Palsy: Effects on Hip Development After 7 Years. *Pediatr Phys Ther*. 2021;33(2):101-107. doi:10.1097/PEP.0000000000000789.
8. MCG, 26th edition. A-0996, Standing Frame. Retrieved July 25, 2022 from www.mcg.com.
9. Newman M, Barker K. The effect of supported standing in adults with upper motor neurone disorders: a systematic review. *Clin Rehabil*. 2012;26(12):1059-1077. doi:10.1177/0269215512443373.
10. Paleg G, Livingstone R. Evidence-informed clinical perspectives on postural management for hip health in children and adults with non-ambulant cerebral palsy. *J Pediatr Rehabil Med*. 2022;15(1):39-48. doi:10.3233/PRM-220002.
11. Paleg G, Livingstone R. Systematic review and clinical recommendations for dosage of supported home-based standing programs for adults with stroke, spinal cord injury and other neurological conditions. *BMC Musculoskelet Disord*. 2015;16:358. doi:10.1186/s12891-015-0813-x.
12. Paleg GS, Smith BA, Glickman LB. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported standing programs. *Pediatr Phys Ther*. 2013;25(3):232-247. doi:10.1097/PEP.0b013e318299d5e7.
13. Pedlow K, McDonough S, Lennon S, Kerr C, Bradbury I. Assisted standing for Duchenne muscular dystrophy [published online ahead of print, 2019 Oct 13]. *Cochrane Database Syst Rev*. 2019;10(10):CD011550. doi:10.1002/14651858.
14. Synnot A, Chau M, Pitt V, O'Connor D, Gruen RL, Wasiak J, Clavisi O, Pattuwage L, Phillips K. Interventions for managing skeletal muscle spasticity following traumatic brain injury. Cochrane Database Syst Rev. 2017 Nov 22;11(11):CD008929. doi: 10.1002/14651858.CD008929.pub2. PMID: 29165784; PMCID: PMC6486165.

I. State-Specific Information

A. Georgia

1. Effective: 12/01/2022
2. Official Code of Georgia Annotated § 26-4-51. Durable medical equipment. (July 1, 2017). Retrieved on August 18, 2022 from www.advance.lexis.com.

B. Indiana

1. Effective: 12/01/2022

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2. Additional References
   a. Indiana Administrative Code 6-2.5-1-18. Durable medical equipment. Retrieved August 17, 2022 from www.iga.in.gov.
   b. Indiana Administrative Code 405. 5-19. Medical supplies and equipment. Retrieved August 17, 2022 from www.iga.in.gov.

C. Kentucky
1. Effective: 12/01/2022
2. D. I. A. 2. “Prescriber" applies to the following medical personnel who are acting within the legal scope of clinical practice under the licensing laws of the Kentucky, are in good standing with the appropriate licensure board and CMS, and have the legal authority to write an order for a medically necessary item of durable medical equipment for a recipient:
   a. Physician
   b. Advanced practice registered nurse
   c. Physician assistant

   A prescriber shall examine a recipient within sixty (60) calendar days prior to the initial order of a DME item.
3. Additional References
   a. Kentucky Administrative Regulations. 907 1:479. Durable medical equipment covered benefits and reimbursement. (April 1, 2022). Retrieved August 18, 2022 from www.chfs.ky.gov.

D. Ohio
1. Effective: 01/01/2023
2. D. I. A. 2. A prescription is valid for sixty (60) days, unless a different length of time is specified.

   The dated signature must be one of the following appropriately Ohio-licensed and/or certified and credentialed medical professionals who has a professional relationship with the recipient:
   01. A physician
   02. A podiatrist
   03. An advanced practice registered nurse with a relevant specialty
   04. A physician assistant
3. Additional References:
   a. Ohio Administrative Code. Rule 4729: 11-1-01, Definitions – home medical equipment. (December 15, 2019). Retrieved July 25, 2022 from www.codes.ohio.gov.
   b. Ohio Administrative Code. Rule 5160-10-01, Durable medical equipment, prosthesis, orthoses, and supplies (DMEPOS): general provisions. (July 1, 2021). Retrieved July 25, 2022 from www.codes.ohio.gov.
   c. Ohio Revised Code. Section 4752.01, Definitions. (January 21, 2018). Retrieved July 25, 2022 from www.codes.ohio.gov.

E. West Virginia
1. Effective: 12/01/2022

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