



## MEDICAL POLICY STATEMENT

### Georgia Medicaid

Policy Name & Number	Date Effective
Standing Frames-GA MCD-MM-1334	12/01/2023-10/31/2024
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.

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A. Subject  
**Standing Frames**

B. Background

Supported standing is a common, adjunctive therapeutic practice in which patients with 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 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.

C. Definitions

- **Activities of Daily Living (ADLs)** - Fundamental skills required to independently care for oneself, including the following two categories:
  - **Basic ADLs** - Skills required to manage one's basic physical needs, including ambulation, feeding, dressing, personal hygiene, continence, and toileting.
  - **Instrumental ADLs** - Skills requiring complex thinking skills, including transportation and shopping, finance management, meal preparation, house cleaning and maintenance, communication management, and medication management.

- **Complex/Custom Rehabilitative Equipment** - Specialized medical equipment that includes items not included in standard durable equipment for individuals with disabilities and chronic medical conditions to allow increased activities of daily living.
- **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.
- **Gross Motor Function Classification System (GMFCS)** - A tool that categorizes gross motor skills into five levels providing a clear description of current motor function and options for equipment or mobility aids for future use.
- **Home Medical Equipment** - Equipment that can stand repeated use, is primarily used to serve a medical purpose, is not useful in the absence of illness or injury, and 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. A copy of the provider's Certified Rehabilitation Technology Supplier certification issued by Georgia Medicaid and a manufacturer's retail quote that includes **all** the following information on the standing frame, which is FDA approved and considered safe for in-home use:
      - a. make
      - b. model number
      - c. serial number
    2. Physician order that documents the specific limitations requiring use of the item **or** date of and signature from physician on the PT/OT evaluation, which validates the document as the Certificate of Medical Necessity.
      - A face-to-face encounter between the physician and member has to have occurred within 6 months prior to signing the order.
    3. Face to face evaluation with a physical (PT) or occupational therapist (OT) and an evaluation or written order, including **all** the following:
      - a. In addition to documenting the Georgia-state license number of the PT/OT completing the evaluation, PT/OTs must also comply with the following:
        01. active enrollment in GA Medicaid
        02. experience in non-mobility related assessment and recommendations to participate in the assessment and selection of all custom or complex rehabilitative equipment (must be listed on the submitted evaluation)

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

03. PT/OT may be associated with a school, hospital clinic or developmental center but cannot be a supplier, employed by a supplier, or accept any reimbursement or gifts for evaluation services from a provider
04. actively involved in the member's care and must complete the functional clinical assessment without guidance or assistance from a supplier of medical equipment
05. PT/OT should have the provider present at the evaluation to sign off on the recommendation
  - b. member-specific recommendations
  - c. dated signature from the PT/OT that is fewer than 180 days prior to the date of service on the request
  - d. PT/OT address and telephone number of employment
4. Reports from the member's neurologist and/or orthopedist documenting the GMFCS classification.
5. Member must be under 21 years of age and meet **ALL** the following criteria:
  - a. a neuromuscular or congenital disorder diagnosis, including acquired skeletal disorders
  - b. an inability to stand or ambulate independently
  - c. high risk for lower-limb or trunk contractures
  - d. incomplete paralysis of the hips and legs
  - e. an ability to utilize equipment without medical or functional compromise
  - f. active plan of care documenting how the system will be used in the home and/or community setting
  - g. documentation addresses least costly alternatives, including items tried and failed prior to the recommendation for the ordered equipment
  - h. equipment must accommodate growth and adjustments for seating systems at a minimum of 3" in depth and 2" in width (for pediatrics)
  - i. alignment of the member's feet and ankles can tolerate standing in an upright position
  - j. ability to show improvement in mobility, ambulation, function, or physiological symptoms with the use of the selected device

**B. Change in Equipment or Replacement**

In addition to meeting medical necessity criteria, only one device will be covered per three (3) to five (5) years. If less than five (5) years, rationale as to the lesser lifetime must be provided.

- 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

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E. Conditions of Coverage  
NA

F. Related Policies/Rules  
Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	08/31/2022	New policy.
<b>Date Revised</b>	07/19/2023	Annual review. Updated references. Approved at Committee.
<b>Date Effective</b>	12/01/2023	
<b>Date Archived</b>	10/31/2024	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

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