

<b>MEDICAL POLICY STATEMENT</b>	
<b>Michigan Medicaid</b>	
<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Standing Frames-MI MCD-MM-1523	05/01/2026
<b>Policy Type</b>	
<b>MEDICAL</b>	

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. Standing frames (also known as 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
- **Complex Rehabilitation Technology (CRT)** – Durable medical equipment that is individually configured for an individual to meet his or her specific and unique medical, physical, and functional needs and capacity for basic activities of daily living

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

- and instrumental activities of daily living identified as medically necessary. CRT includes specialized equipment such as standing frames and options or accessories.
- **Durable Medical Equipment (DME)** – Equipment for home use, other than mobility enhancing equipment, dispensed pursuant to a prescription, including DME repair or replacement parts, that does all of the following:
    - can stand repeated use
    - primarily and customarily used to serve a medical purpose
    - generally not useful to a person in the absence of illness or injury
    - 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. HAP 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. All applicable forms can be located on the Michigan Department of Health and Human Services website under the Medicaid Provider Forms and Other Resources page.
  - A. New Equipment
    1. Stander information, including **ALL** the following information:
      - a. manufacturer
      - b. model number
      - c. catalog or part number, if applicable
      - d. an itemized list of any additional attachments and accessories with individual prices, if not included with the basic stander or if applicable
    2. Documentation of the following:
      - a. The item is specified in the member's plan of service and is medically necessary to increase a member's ability to perform ADLs or navigate his/her living environment, including **one of more** of the following:
        01. aids in the prevention of atrophy in the trunk and leg muscles
        02. improves strength and/or circulation to the trunk and lower extremities
        03. prevents formation of decubitus ulcers with changeable positions
        04. helps maintain bone and/or skin integrity
        05. reduces swelling in the lower extremities
        06. improves range of motion and/or aids normal skeletal development
        07. improves function of kidneys, bladder, and/or bowels
        08. decreases muscle spasms
        09. strengthens the cardiovascular system and builds endurance
        10. prevents or decreases muscle contractures and/or progressive scoliosis
        11. improves social interaction and psychological well-being
        12. increases performance of ADLs

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- b. The best value in warranty coverage was obtained for the item at the time of purchase (ie, the most coverage for the least cost per industry standards).
- c. Medical record substantiates necessity for DME, including the following:
  01. clinical course and duration of the condition
  02. prognosis and extent of functional limitations
  03. other therapeutic interventions and results, including past experiences with related items
3. A face-to-face evaluation with a qualified professional, such as an occupational therapist, physical therapist, or RESNA-certified professional 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 of the requested stander for the goals to be met
  - e. documented trial with the type of stander requested, demonstrating the recipient can tolerate the recommended dose
4. A face-to-face evaluation with the prescribing physician or non-physician practitioner (NPP) including date and time of the visit related to the primary reason for item use no more than 6 months prior to the initial written order/prescription. The encounter must be documented on the order/prescription or the certificate of medical necessity (CMN) and can be performed by the following professionals:
  - a. physician (MD or DO)
  - b. physician assistant (PA)
  - c. certified nurse practitioner (NP)
  - d. certified clinical nurse specialist (CNS)
5. A copy of the completed CMN for each item, including the following:
  - a. member name, address, date of birth, and identification or social security number, including diagnosis
  - b. prescribing professional's signature, date of signature, and telephone number
  - c. qualified CRT supplier's name and address
  - d. expected start date of service if different from the prescription date
  - e. complete description of the item with amount and length of time item is needed
  - f. medical necessity of item (see D.I.A.2.a.-c.)
6. A prescription, valid 6 months from the date it was signed, must include the following information:
  - a. member name, date of birth, and identification number or social security number, if known

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- b. date and signature (stamps and co-signatures are not accepted) by one of the medical professionals licensed in Michigan and practicing within the scope of law listed in D.I.A.4.a.-d., including address and telephone number
  - c. specific item prescribed, including amount and length of time needed
  - d. start date of order if different from the professional's signature date
  - e. specific recipient diagnosis(-es) documenting a neuromuscular condition (eg, multiple sclerosis, cerebral palsy, spinal cord injury, stroke) or documented developmental delay impairing the recipient's ability to stand independently
  - f. assessment of continued need to occur on an annual basis with "renewal" documented on the order
7. Documentation showing that the recipient or parent/guardian received training in the use of the requested type of stander, which can be completed during a scheduled therapy session for the member, if applicable.
  8. Documentation showing the recipient or parent/guardian demonstrated safe use of the requested type of stander in the home setting (eg, documentation from therapy sessions documenting trials of use suffice).
  9. Prior authorization must be submitted prior to delivery of the item (see Michigan DHHS Special Services Prior Approval-MSA-1653-B).
  10. All DME providers must adhere to and follow provider enrollment standards in the Michigan Medicaid Provider Manual and submit documentation of delivery, including the following:
    - a. date of delivery (date of service) - date the beneficiary received the item
    - b. method of delivery, including courier or shipping service delivery slip
    - c. proof of delivery (POD) signed and dated by the member or member, member guardian, or member appointee
    - d. documentation of face-to-face encounter
    - e. proof of education and instruction to member and/or caregiver regarding proper usage of equipment
  11. No contraindications to a supported standing program are present, such as, but not limited to, the following:
    - 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 (ie, cannot maintain a standing position due to little or no residual strength in the hips, legs and lower body)
    - f. postural hypotension

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- 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 necessary criteria above have been met
    - 2. device is out of warranty and cannot be refurbished or adequately repaired
  - C. Repairs may be completed when the following criteria have been met:
    - 1. individual plan of service shows continued medical necessity
    - 2. all other warranty and insurance coverage has been sought and denied
    - 3. repair is the most cost-effective solution when compared with replacement or purchase of a new item
    - 4. evidence of training in use of equipment if repair is due to misuse or abuse
  - D. HAP CareSource reserves the right to request documentation of routine maintenance, adjustments, readjustments, or repairs.
- 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
- Assessment by an appropriate health care professional, specialized training needed in conjunction with the use of the equipment and warranted upkeep will be considered as part of the cost of the service.
- HAP CareSource reserves the right to request additional information if medical necessity is not adequately documented.
- F. Related Policies/Rules
- Medical Necessity Determinations
- G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	09/13/2023	New policy. Approved at Committee.
<b>Date Revised</b>	03/13/2024	Annual review. Updated references. Approved at Committee.
	07/17/2024	Annual review. Updated references. Approved at Committee.
	05/07/2025	Annual review: added complex rehabilitation technology, updated references. Approved at Committee.
	02/11/2026	Annual 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.

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<b>Date Effective</b>	05/01/2026	
<b>Date Archived</b>		

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