



MEDICAL POLICY STATEMENT Arkansas PASSE

Policy Name & Number	Date Effective
Standing Frames-AR PASSE-MM-1335	05/01/2026
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 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
- **Durable Medical Equipment (DME)** – Equipment, including repair and replacement parts for the equipment, that can withstand repeated use, is primarily used to serve a medical purpose, is not useful in the absence of illness or injury, is not worn in or on the body, and is for home use

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

- **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. Arkansas DMS-679A, which is valid for 6 months might also serve as the provider prescription if medical necessity and orders are documented adequately eliminating the need for a separate, written prescription. CareSource reserves the right to obtain additional information if medical necessity is not adequately documented. The dated signature of 1 of the following appropriately Arkansas-licensed and/or certified medical professionals within scope of practice and with a professional relationship with the member must be present:
 - a. primary care physician (PCP)
 - b. advanced practice registered nurse (APRN)
 2. stander information, including **all** the following details, as available:
 - 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
 3. 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
 4. 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. a documented trial with the type of stander requested demonstrating the recipient can tolerate the recommended dose
 5. documentation showing that the member or parent/guardian received training in use of the requested type of stander, which can be completed during a scheduled therapy session for the member, if applicable

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6. documentation showing the member 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 member **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 use of the device can be reasonably expected to provide therapeutic benefits or enable the member to perform certain tasks 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 a supported standing program present, such as but not limited to, the following:
 - 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 requiring 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, and 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
- 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 are met
 2. device is out of warranty and cannot be refurbished or adequately repaired
- II. The following items or services are not covered:
- A. electric, motorized or powered standing frames
 - B. items or services covered under manufacturer or dealer warranty

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- 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 as a result 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	08/02/2023	Annual review. Updated references. Approved at Committee.
	07/17/2024	Annual review. Updated references. Approved at Committee.
	05/07/2025	Annual review: updated references. Approved at Committee.
	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

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