



Illinois Department of Healthcare and Family Services

Standing Device Coverage Criteria

Standing devices are used to assist patients to achieve a standing position who otherwise have the inability to stand independently. The standing frame provides an alternative positioning to sitting in a wheelchair by supporting the person in the standing position.

These criteria pertain to the following HCPCS Codes:

E0637 Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels

E0638 Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels

E0641 Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels

E0642 Standing frame/table system, mobile (dynamic stander), any size including pediatric

The above listed HCPCS codes require prior approval with a valid HFS 1409 and supporting documentation of medical necessity, and physical therapy clinical notes along with an order from an acceptable treating source (e.g., M.D., D.O., or APN).

Required Documentation

Stander requests must include all the following:

- A face-to-face assessment of the patient by treating practitioner prior to prescribing the standing system. This contact should be related to the primary reason the participant requires the standing system and must occur no more than 6 months prior to the request.

- An inventory of current mobility equipment in home.
- A summary of current standing programs in the home and/or in school.
- A current specialty evaluation not older than 120 days must be performed by a licensed/certified medical professional such as a physical or occupational therapist.
- The specialty evaluation should include a description of the primary diagnosis prompting the request for the standing device, age at onset, prognosis, and co-morbidities. Physical assessment must include but not be limited to strength, range of motion, tone, sensation, balance, and functional status.
- The specialty evaluation must include physical therapy notes documenting progressive use and tolerance during a trial period along with a standing plan based upon the outcome of the trial period.
- All viable device options must be considered based upon the patient's physical assessment to arrive at the most cost-effective device to meet the patient's medical needs. An explanation must be provided of what other more cost-effective options were considered, and why they were rejected.
- After the trial period, the clinicians should make any necessary adjustments. Any components added to the proposal must be justified based upon the physical assessment.
- The relationship of the evaluator to the durable medical equipment provider must be stated in the evaluation.

Medical Necessity

A standing system is considered medically necessary when all the following criteria are met:

1. The patient is unable to stand independently due to but not limited to one of the following:
 - a. Neuromuscular disease, or
 - b. Central nervous system insults (e.g., spinal cord injury, traumatic brain injury, cerebral palsy, stroke), or
 - c. Congenital disorders (e.g., spina bifida), and
2. The patient cannot stand alone otherwise without the standing device following physical therapy and/or occupational therapy or use of other assistive devices, and
3. The patient requires use of a wheelchair as a means of mobility that does not have a standing feature, and

4. The patient has completed appropriate standing device training and has demonstrated ability to safely use the device, and
5. The patient has the ability to use the standing device independently **or** has a caregiver who is available, willing, and able to provide assistance with the standing frame, and
6. The patient's environment will accommodate the device, and
7. Use of the device is expected to allow meaningful improvement in at least one of the following:
 - a. Functional use of the arms or hands, or
 - b. Functional head and trunk control, or
 - c. Performance of activities of daily living, or
 - d. Respiratory, circulatory, digestive, or excretory function, or
 - e. Skin integrity by off-loading weight through standing (i.e., relief of pressure ulcers not achievable through other means), or
 - f. Contractures that have not improved with other interventions (e.g., stretching, splinting, serial casting, medications, or other modalities), or
 - g. Reduction of high risk for lower limb or trunk contractures.

In addition to satisfying the above:

- For E0637 the patient must have a condition that requires incremental change of position from sitting to standing.
- For E0641 the patient must have the ability to tolerate all positions available.
- For E0642 the patient must have good head control and upper body strength with sufficient upper arm strength to self-propel the device comparable to the degree of strength used to self-propel a wheelchair.
- The patient is not at risk for fracture due to positional change achieved by the stander.
- The patient does not become nauseated in the stander.

The decision to use a standing program includes consideration of risks to benefits of not standing versus standing. This decision entails a delicate balance of individualized, comprehensive, thoughtful decision making. Contraindications to a standing program can include the following but some of these conditions may change over time with interventions and a carefully planned and instituted standing program warranting use of a standing program:

1. Orthostatic intolerance syndrome consisting of orthostatic hypotension, elevated heart rate, or other cardiovascular conditions
2. Impaired skeletal structure including but not limited to osteogenesis imperfecta, osteoporosis, or other forms of brittle bone disease
3. Impaired range of motion or severe contractures
4. Hip subluxation

Powered mobility incorporated into any of these devices is considered a convenience feature and not medically necessary. Powered standing devices will not be approved.

Active standers create reciprocal movement of the arms and legs while standing. These standers have a “glider” attachment that allows the patient to use either the arms alone or a combination of arms and legs to operate the mechanism and “glide” in a reciprocal walking-type pattern. These devices are considered similar to other types of exercise equipment that are not covered by this Department.

Duplicate items are considered a convenience and will not be covered. Replacement equipment will only be considered provided all of the above criteria continue to be met, the standing device is out of warranty, reasonable wear and tear render the device nonfunctioning, it cannot be repaired, or it is more cost effective to replace it versus repairing it.

Please note: Stander prior approval requests for enrollees who are 2 ½ years old or less must be submitted through the Early Intervention program.