



Health & Human Services

STANDING FRAME-STANDER
Service Authorization Required: Yes

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

STANDING FRAME-STANDER (ages 0 through age 20 only)

A sit-to-stand stander is medical equipment that transitions a member who cannot stand independently from a sitting to an upright standing position, with the ability to stop at any point in between and be supported during incremental weight-bearing. This stander may include additional accessories for support.

A multi-position stander is medical equipment that transitions a member from the horizontal prone or supine position to an upright standing position. It is angle-adjustable to provide graduated weight bearing and pressure. It is designed for either prone or supine standing. This stander may include additional accessories for support.

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if **all** the following conditions are present:

- Member can demonstrate tolerance for standing and partial weight bearing.
- Member and/or caregivers demonstrate the capability and motivation to be compliant in the use of the standing frame.
- Member is unable to stand without the aid of adaptive equipment.
- Effective weight bearing cannot be achieved by any other means.
- Member is unable to stand or ambulate due to long-term medical conditions, and ambulation will most likely not occur.
- The stander has been tried and used safely by the member.
- Member must be involved in a therapy program established by a physical or occupational therapist. The program must include specific and measurable goals for significant improvement (not maintenance) expected in the areas of standing pivot transfers and/or ambulation skills.
- The member must be unable to work on the goals specified in the areas of standing pivot transfers and/or ambulation skills without the assistance of two people.
- The program must include measurable documented objectives related to the member and equipment that consists of a written carry over plan to be utilized by the member and/or caregiver or the service authorization request will be denied.

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- The member has demonstrated motivation to stand, and the member’s caregiver is willing and able to carry out a prescribed home standing program.
- The equipment must match the member’s needs and ability level.
- Home can accommodate the stander.
- Home use only.
- Accessories must contribute significantly to the therapeutic function of the device.
- Designs and accessories primarily for a caregiver’s convenience are not considered medically necessary.
- Coverage for ages 0 through age 20 only.
- If a member has a gait trainer, they are not a candidate for a standing frame. This would be a duplication of service.

Documentation Requirements:

- A prescription from a prescribing practitioner.
- Physician/practitioner exam within 90 days of the service authorization start date.
- Medical documentation supporting the need.
- Documentation must include the stander’s brand and model number. Additional positioning features, for which additional reimbursement is requested, must include manufacturer information clearly documenting that these features are not standard with the basic stander.
- Supporting documentation from the physical or occupational therapist demonstrating the following:
 - The type of stander selected, and each of its components, is medically necessary; **and**

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- It is the least expensive device that is appropriate for the member's medical condition. Documentation must include a description of other, less expensive devices that were considered and provide a rationale as to why the less expensive devices were not appropriate for the member.

Non-covered:

- A wheel/mobile option for mobility is not medically necessary.
- Multi-positional standers are considered institutional equipment.
- Power lift option.
- Glider option.

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|  <p>Health & Human Services Be Legendary.</p> | <p>STANDING FRAME-STANDER Service Authorization Required: Yes</p> |
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| <p>EFFECTIVE: March 2007</p> | <p>REVISED: December 2025</p> |
| <p>STANDING FRAME-STANDER (ages 0 through age 20 only)</p> | |
| <p>Date Revised</p> | <p>Revisions</p> |
| <p>April 2, 2017</p> | <p>Reviewed and reformatted. Added clarification of coverage criteria. Updated age limits to match to current policy requirement.</p> |
| <p>March 1, 2019</p> | <p>Reviewed and reformatted to new DMEPOS policy format. Added Documents and Non-covered section. Removed covered for ages 2-21 only and added coverage for ages 0 thru age 20. Removed Limited to one every ten years and Replacement allowed every ten years if medically necessary due to irreparable condition due this information is listed on the DMEPOS Codes Purchase and Rental Limits and Restriction lists.</p> |
| <p>December 29, 2022</p> | <p>Reviewed and reformatted. Added new logo. Documentation Requirements section change 60 to 90.</p> |
| <p>November 17, 2023</p> | <p>Reviewed and reformatted. Removed CMN required removed. Coverage section added to bullet #7 The program must include specific and measurable goals for significant improvement (not maintenance) expected in the areas of standing pivot transfers and/or ambulation skills. Added bullet #8 The member must be unable to work on the goals specified in the areas of standing pivot transfers and/or ambulation skills without the assistance of two people. Documentation Requirement section added bullet #4 documentation must include the stander's brand and model number. Additional positioning features, for which additional reimbursement is requested, must include manufacturer information clearly documenting that these features are not standard with the basic stander. Non-covered section added bullet #1 a wheels/mobile option for mobility are not medically necessary, and bullet #2 multi-positional standers are considered institutional equipment.</p> |
| <p>December 23, 2025</p> | <p>Reviewed and reformatted. Removed "CMN" verbiage from header section.</p> |