



Blue Cross
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Blue Cross Blue Shield of Michigan Medical Policy

These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Enterprise:	Blue Cross Blue Shield of Michigan
Department	Medical Affairs
Effective Date:	07/01/2013
Next Review Date	1 st quarter 2027

Topic: Standing Wheelchairs

Background:

A standing wheelchair is a standing feature integrated into a wheelchair base that allows the user to obtain a standing position without the need to transfer from the wheelchair. A mechanical or electromechanical system manipulated by levers or controls moves the seat surface from horizontal into a vertical or anteriorly sloping position while maintaining verticality of the leg rests and backrest, thus extending the hip and knee joints.

Non-ambulatory, physically disabled individuals may use standing systems for a variety of potential health-related reasons claimed by manufacturers, including: increasing range of motion; maintaining bone density; maintaining muscle strength and cardiovascular endurance; reducing swelling in the lower limbs; decreasing spasticity (muscle over activity); preventing pressure sores; and improving bowel and bladder function.

Bones are dynamic and responsive organs. Developmentally, they regulate their strength and mass according to the loads to which they are subjected. In children especially, standing wheelchairs may be beneficial because children are still developing and gravitational loading can be a tool to aid in strengthening and optimizing the child's musculoskeletal development

Medical Policy Statement:

Blue Cross Blue Shield of Michigan may consider standing wheelchairs medically necessary in pediatric patients who are still undergoing muscular and skeletal growth to assist in the optimization of potential growth and development. Coverage for medically necessary standing wheelchairs for children (ages 15 months through 18 years) with neurologic or muscular conditions affecting the lower extremities will be determined based on an individual consideration basis. BCBSM uses a review process that ensures a pediatric aged patient's medical condition warrants the use of a standing wheelchair. As such

cases will be approved on the basis of medical necessity. Any decision to deny benefits for services on the basis that the services were not medically necessary must be rendered by a physician.

Rationale:

Physical therapists commonly use the maintenance of the standing posture for extended periods of time in the ongoing management of children with developmental disabilities who are chronologically older than 14 to 16 months of age. Although therapists strive for standing without the use of orthoses or adaptive equipment, external support devices are prescribed when active control is inadequate or absent. A standing program refers to the use of orthoses or adaptive equipment to position a child in the standing position when motor control is inadequate to allow standing without such devices.

Several studies have demonstrated that passive loading can have a beneficial effect on the preservation of bone mass in the long bones of the lower extremities. A randomized controlled trial by Caulton et al. (2004) concluded that a period of standing in non-ambulant children with Cerebral Palsy improves vertebral and tibial volumetric trabecular bone mineral density.

It has long been observed that bone remodeling occurs in response to physical stresses, or a lack of them. Therefore, the bone's structure or architecture may be influenced by the forces to which it is exposed. It follows that by increasing the use of a gravitational load on a child's growing bones through use of a standing wheelchair that overall musculoskeletal development and function may be optimized and the degeneration observed with non-use, minimized.

Although anecdotal reports in rehabilitation and marketing literature suggest multiple potential benefits for adult aged patients in using standing wheelchairs, the literature fails to include sufficient objective, evidence-based studies that definitively demonstrate such outcomes. As a consequence, most health plans, including Medicare do not cover standing devices as medically necessary durable medical equipment.

Procedure Coding

(Note: The codes listed in this policy are for reference purposes only and is not a guarantee of coverage. This list of codes may not be all inclusive.)

E0637 - Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels (when specified as standing system)

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

E2230 - Manual wheelchair accessory, manual standing system

E2301 - Power wheelchair accessory, power standing system

Scope:

This policy applies to all underwritten book of business and self-funded contracts pending customer review.

References:

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BCBSM Policy History

Policy Effective Date	BCBSM Signature Date	Comments
07/01/2013	07/29/2013	BCBSM policy established
07/01/2013	07/31/2015	Annual review – no revisions
07/01/2013	07/15/2016	Annual review – procedure codes replaced/updated
07/01/2013	6/21/2017	Annual review – no revisions
07/01/2013	5/07/2018	Annual review- no revisions
07/01/2013	3/19/2019	Annual review- codes verified
07/01/2013	3/12/2020	Annual review- codes verified
7/12/2013	3/11/2021	Annual review - codes verified, reference added
7/12/2013	3/10/2022	Annual review - codes verified
7/12/2013	3/09/2023	Annual review – no revisions

7/1/2013	3/14/2024	Annual review – no revisions
7/1/2013	3/17/2025	Annual review – no revisions
7/1/2013	3/10/2026	Annual review – references revised