

Department of Origin: Integrated Healthcare Services	Effective Date: 12/06/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/06/22
Clinical Policy Document: DMEPOS, Standing Systems and Gait Trainers	Replaces Effective Clinical Policy Dated: 12/07/21
Reference #: MC/D007	Page: 1 of 3

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy the following: I, and either II or III

- I. Member is non-ambulatory
- II. Standing systems (E0638, E0641, E0642) - must satisfy all the following: A - D
 - A. The standing system is ordered to prevent a medical complication – must satisfy any of the following: 1 - 6
 - 1. Decubitus Ulcer: Where there is a need for off-loading of a decubitus ulcer which cannot be accomplished by other means; or
 - 2. Osteoporosis: Where improvement or stabilization of bone density cannot be achieved with other treatment or activities; or
 - 3. Contracture Development: High potential for progressive contracture formation including but not limited to post-operative release of contractures; or
 - 4. Compromised Bowel/Bladder Function: Where there has been demonstration there is incomplete emptying of bladder or constipation refractory to other medical treatment; or
 - 5. Pulmonary Complications: Where there has been demonstration of recurrent infections and poor clearance of pulmonary secretions despite the use of other medical treatment; or
 - 6. Hip Dislocation: Where hip subluxation/dislocation is worsening and alternate treatments have not been successful.
 - B. The member is unable to accomplish the above goals with his/her current medical device/equipment or alternate medical treatment.
 - C. The member has been evaluated in physical therapy with a trial using the standing device and has shown compliance, tolerance and demonstrated potential for clinical benefit, as determined by the evaluator.
 - D. There is a written plan of care.

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III. Gait Trainers (E8000, E0801, E8002) - must satisfy all the following: A - B

- A. The member has the potential for functional or therapeutic ambulation; and
- B. Documentation supports that other walkers or assistive devices have not been effective, ie, is using gait trainer as a walker

NOT ROUTINELY COVERED:

Combination sit-to-stand frame/table system with seat lift feature (E0637)

EXCLUSIONS (not limited to):

Refer to member’s Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Gait Trainers:

A mobility assistive device that helps an individual with motor disabilities walk unassisted. That individual may be someone who is learning to walk or unable to walk independently. A gait trainer is designed to offer support and postural alignment with more balance and weight-bearing than would a rollator or regular walker.

Standing Systems:

A standing frame, also known as a standing aid or stander, is specifically designed for wheelchair users and allows the individual to achieve a standing position and then support the person in the standing position.

BACKGROUND:

Supported standing devices such as standers or tilt-tables allow the user to attain and maintain a standing or partial standing position and commonly stabilize hips, knees and ankles through posterior heel, anterior knee and posterior hip supports and/or straps.

Gait trainers are supportive walking devices that take the weight of the body through a solid or fabric ‘seat’, stabilize the trunk, and support the pelvis.

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Prior Authorization: Yes, per network provider agreement

CODING:

CPT® or HCPCS

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., 3-way stander), any size including pediatric, with or without wheels

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

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REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/D004 Durable Medical Equipment, Prosthetics, Orthotics and Supplies
4. Paleg G, Livingstone R. Evidence-informed clinical perspectives on selecting gait trainer features for children with cerebral palsy. *Int J Ther Rehabil.* 2016 Aug;23(8).
5. Paleg G, Livingstone R. Systematic review and clinical recommendations for dosage of supported home-based standing programs for adults with stroke, spinal cord injury and other neurological conditions. *BMC Musculoskelet Disord.* 2015a Nov 17;16:358.
6. Paleg G, Livingstone R. Outcomes of gait trainer use in home and school settings for children with motor impairments: a systematic review. *Clin Rehabil.* 2015b Nov;29(11):1077-91.
7. Paleg GS, Smith BA, Glickman LB. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported standing programs. *Pediatr Phys Ther.* 2013 Fall;25(3):232-47.
8. Swinnen E, Beckwée D, Meeusen R, et al. Does robot-assisted gait rehabilitation improve balance in stroke patients? A systematic review. *Top Stroke Rehabil.* 2014 Mar-Apr;21(2):87-100.

DOCUMENT HISTORY:

Created Date: 10/28/20
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Revised Date:

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY: 1.866.631.8597).